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ABSTRACT

This guide is designed to assist elementary school teachers in developing sequential drug education activities for infusion into the general curriculum, particularly in the communicative arts areas. The scope of the materials encompasses health habits, drug use and abuse, drug laws, and treatment/rehabilitation in specific sections entitled "Health and Safety," "Science," and "Social Studies." Each section, delineated by grade level, is organized according to objective, content and learning activities. Narratives, bibliographies, sample student forms, and reviews of audiovisual aids are also included. (HLM)

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DECIDE:

Developing Elementary Curriculum for Interdisciplinary Drug Education

A RESOURCE GUIDE FOR TEACHERS

Wayne Teague
State Superintendent of Education
Basic Sciences Section
Drug Education

W. C. Berryman, Director
Division of Instruction

Bulletin No. 5
1978

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NATIONAL INSTITUTE OF EDUCATION

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FOREWORD

Drug abuse is one of the most serious social problems which confront Alabamians today. Every quarter of society is directly affected by the abuse of alcohol and other drugs. It is impractical to assume that education alone has the solution to this problem, but teachers and administrators can certainly make a meaningful contribution to the overall statewide effort to limit abuse in Alabama.

In order to assist educators in carrying out the mandate of the Drug Abuse Education Act of 1971, the Alabama State Department of Education has developed this resource guide which is a revision of the publication entitled IDEAS (Interdisciplinary Drug Education for Alabama Schools, Bulletin No. 11). In addition to the content outline, there are new suggested activities, a bibliography, narratives and other information which should be helpful to the classroom teacher involved in drug education. It is anticipated that every school in Alabama will make good use of this publication either in the context in which it is written or in ways more consistent with their unique curricula designs.

The Drug Education Unit of the Division of Instruction has other reliable resource materials which are being constantly updated and are available for distribution to teachers. In addition, the specialists working in this area are available to help school systems implement instructional programs designed to suit local needs.

Special recognition should be given to the many people who assisted the drug education specialists in the development of this guide. A number of teachers, administrators, students, specialists from the State Department of Education and others made invaluable contributions. These people possessed not only a knowledge of subject matter but an understanding of education and what is needed by the classroom teacher in order to affect the lives of students in relation to drug education.

It is believed that this revised publication can be a valuable asset in the task of drug abuse prevention. The effectiveness of this resource guide rests ultimately with the classroom teacher.

Wayne Teague
State Superintendent of Education

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INTRODUCTION

It is possible that drug abuse has not reached the degree of intensity in Alabama that it has in some other areas of the United States. While this condition is something for which to be thankful, there should not be apathy to the point of allowing a crisis situation in drug abuse to arise. The most effective means of averting crises situations is to institute in schools and communities effective programs of preventive education. In addressing itself to so complex a problem as that of drug abuse, the discipline of education must go beyond the mere dispensing of information and must make a strong effort to affect attitudinal and behavioral changes.

This resource guide has been prepared for use in the State of Alabama by teachers in kindergarten through grade six. It builds upon the previously prepared interdisciplinary curriculum, State Department of Education, Bulletin No. 11, 1972. The approach places the various aspects of drug education into grade levels and subject matter areas where they naturally fit. The curriculum is sequential in nature and is based on a three-year cycle; that is, a student will complete an instructional cycle in three years and will start over, but on an expanded maturity level. Suggested activities designed to enhance the learning of various information and concepts are included.

This section of the curriculum deals with grades kindergarten through six, for on this level proper behavioral patterns can be developed most easily. The communicative arts should be considered implementation tools for the further development of the total drug education program. The curriculum utilizes the emphasis placed on drug use and abuse contained in the Alabama Health Education Curriculum Guide. Each section of the curriculum contains objectives which should be considered by all teachers of drug education. An important section of the guide is the one dealing with narratives. This section includes information on all topics deemed necessary in drug education. The information provided is correlated with the curriculum content outline. It is impossible to develop any one publication that contains all the information needed by teachers; for this reason a selected bibliography of suggested materials is included.

It is anticipated that teachers will find that this resource guide, combined with their own knowledge, is adequate for conducting meaningful instructional programs of drug education.

SCOPE AND SEQUENCE CHART

	HEALTH AND SAFETY	SCIENCE	SOCIAL STUDIES
K	Health habits Toxic substances (See Alabama Health Education Curriculum Guide)		Learning about drugs Learning about people
1			Cost of foods Cleanliness and health Care cost
2	Body care (See Alabama Health Education Curriculum Guide) Pharmacology of medicines and household substances		Citizenship Community and drugs
3	Proper and improper drug use (See Alabama Health Education Curriculum Guide)	Sources of drugs	Reasons for drug use Effects of drugs on family
4		Emergency procedures Scientists and drugs	Local drug laws and agencies of control Use of drugs by early settlers and Indians
5	Safety and first aid (See Alabama Health Education Curriculum Guide)	Value of drugs in treating disorders and diseases Reasons for misusing drugs	State drug laws and agencies of control Sources of drug information Reasons for use Methods of obtaining drugs
6	Treatment and rehabilitation (See Alabama Health Education Curriculum Guide)	Body damage	Federal drug laws and agencies of control

K-3

OBJECTIVES
GRADES K-3

By the end of the K-3 grade section, the student will be able to:

1. Compare the attitudes and habits related to the proper use of drugs.
2. Identify the different types of people they will encounter in their daily lives.
3. Distinguish between sources and people that can or cannot provide reliable drug information.
4. Recognize the danger involved in the improper use of common household substances.

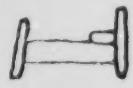
HEALTH AND SAFETY

Content	Learning Activities
I. Health habits and drugs A. Habits and their influence on health 1. Ways habits are formed 2. Ways habits influence health	1. Discuss the word "habit" as relating to health. Have students role play good and bad health habits (brushing teeth, etc.) 2. Can you form a good habit? Duplicate a sheet of paper entitled "My Good Habit" with a calendar for one week at the bottom. The student could draw the habit he chooses to form and take his calendar home, checking it off for a week. (See Appendix) Have a follow-up discussion letting them tell how they remembered to perform their new habits. 3. Use a flannel board to display body parts and various health tools related to these body parts. While discussing, match health tool to the body part that the tool serves. Scramble these and call other students to match them. Example: teeth — toothbrush.
B. Effects of tobacco on people 1. Effects of smoking on health 2. Social offenses of smoking 3. Expense	1. Give a demonstration of what smoking can do to the lungs by using the smoking machine furnished by the American Cancer Society, or have the students construct one. (See appendix) 2. Discuss with students the fact that smoke can irritate the nonsmoker in several ways. List on the chalkboard various effects that they noticed after being in a smoke-filled room. 3. To show relationship of the cost of one package of cigarettes to other items in a young child's world, create a bulletin board entitled "Is It Worth It?" showing ideas such as three cokes equal one package of cigarettes or three candy bars equal one package of cigarettes. Use pictures instead of words to show the number of items related to a package of cigarettes. Emphasize that they must evaluate in order to make wise choices. Use film "Curious Alice" (details for ordering this film can be found in Audio Visuals Catalog) (See appendix)

HEALTH AND SAFETY

Content	Learning Activities
II. Toxic substances and drugs A. Common household substances and their good uses 1. Paints, polishes, sprays 2. Solvents, gasoline, matches 3. Detergents, soaps, lye, drain cleaners 4. Disinfectants 5. Paste, glue 6. Insecticides, fertilizers 7. Cosmetics, beauty aids	1. Have display table set up in the classroom with these things on it. Talk with the students about them. Demonstrate how each of these household substances can be used. As a follow-up, the teacher could add three or four unmarked containers and ask these questions about them: a. Is it safe to eat or drink this? b. To whom could you go for more information on identifying these substances? (parents) 2. Purchase or have students make labels to paste on dangerous products found in the home. Have them take labels home and get parents to help them paste these on dangerous or unmarked products.
B. Misuse of the above common household substances	1. Tell a story about an animal that has become sick after swallowing common household substances. This should be followed by a sharing period in which the students will be able to tell of similar things that have happened to their pets. 2. Have a fireman visit the class to talk with them about the danger of these things burning. 3. Let the students grow several bean plants. After the plants are grown, drench one with fertilizer, one with insecticide, one with detergent and leave one to grow normally. Stress the fact that overuse of toxic substances can cause death not only to plants but also to animals. This is when the term "pollution" can be introduced. 4. Discuss various outcomes of the use and misuse of common household substances. On the worksheet (see Appendix for worksheet entitled "The Use and Misuse of Household Substances"), have students cut pictures from the last column and paste each picture so that it forms an appropriate outcome for each story. After completion, have them tell each story to emphasize outcomes.[1]

SOCIAL STUDIES

Content	Learning Activities
I. Learning about drugs A. Sources of misinformation about all kinds of drugs 1. Television, radio 2. Magazines, newspapers 3. Friends, neighbors 4. Strangers	1. Have students dramatize commercials from T.V., radio and other advertisements. Example: "Cheerios give you 'go power' but did the Cheerios really make the Cheerio kid strong enough to defeat ten Indians?" 2. Have an outline of a human body on a bulletin board entitled "Inside or Outside?" Using pictures of medicines which are cut from magazines and newspapers, let each student share a picture with the group and place it appropriately on the bulletin board to show how the medicine is taken, internally or externally applied. Stress correct and incorrect information in advertising. 3. Discuss people who should give a child food or goods. Have a small group of three or four students dramatize one or more of these situations: a. Accepting food or candy — sickness or drugs. b. Accepting money or rides — possible injury or worry to parents. Make a fold-out strip like the one below with captions and figures: Meeting Strangers Accepting Candy Getting Sick  Make another fold-out strip like the one below with captions only and let the students draw in the figures: Meeting Strangers | Politely Refusing Goods | Staying Healthy and Happy

SOCIAL STUDIES

Content	Learning Activities
B. People from whom truth about drugs can be learned 1. Parents 2. Doctors 3. Nurses 4. Teachers	1. Have students match pictures of various substances with a picture of someone who can advise them on their proper use. The teacher will need to make individual worksheets for this activity. (See Appendix for worksheet entitled "Who Can Help You?") Ask, "Who can help you use each of these substances?" More than one answer may be acceptable. For example, in matching the bottle of medicine, a child might choose mom and dad because they help him take medicine, while another child might choose the doctor because he prescribes medicine. Accept any answer as long as they can offer a valid explanation.
II. Learning about people A. Types of people in the world 1. Parents, grandparents, guardians 2. Siblings 3. Friends, neighbors 4. Principals, teachers	1. "Who Am I?" Have students make puppets of different types of people with paper plates on a stick. Let a student dramatize or tell a story about this person with the blank side of the plate in front of his face, asking the question "Who Am I?" Assign roles to the students.

SOCIAL STUDIES

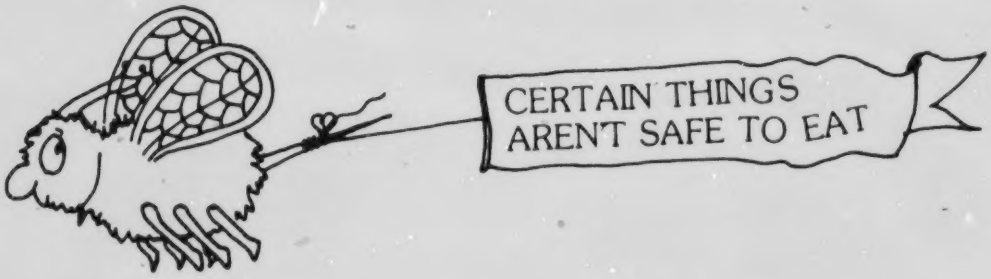
Content	Learning Activities
5. Strangers a. Those to trust b. Those to avoid	2. Read or tell the students the story of "Hansel and Gretel," emphasizing how the witch lured the children with the candy and cake on the house. 3. Prepare a bulletin board entitled "People in Our World." Have the students bring in one picture from home to be placed under these categories. Using the same bulletin board, have them come forward one at a time to point out the picture they brought and tell briefly about that person. 4. Have a "feelings" bulletin board. Example: "Happiness is . . ." Students draw and write about their idea of happiness. The teacher could change the title often. Example: "Danger is . . .," "Love is . . ."
B. Dependable people at home and at school 1. Parents, guardians 2. Principals, teachers	1. Using the bulletin board, "People in Our World," draw attention to the people we depend upon most at home and at school by discussing and then starring the pictures of the most dependable. (Add a large star and caption at the foot of the bulletin board, "People We Depend Upon Most." Then let each student place a star on the picture he brought if it falls into either of the two following categories: parents and guardians or teachers and principals.) 2. Have students draw a happy face on one side of paper and a sad face on the other. As you name situations, they may hold up the face showing their reaction. For example: getting hurt when no one is around, not understanding their work, and having the teacher help them.

SOCIAL STUDIES

Content	Learning Activities
I. Foods and their cost A. Certain foods necessary for growing and staying healthy 1. Milk and milk products 2. Breads and cereals 3. Meats 4. Vegetables and fruits	1. Help the students plan a picnic lunch containing the four basic food groups. Stress the importance of eating foods from these groups to maintain good health and growth. 2. Ask school lunchroom supervisor to talk with the students about how meals are planned according to the four basic food groups. Let them plan balanced meals to be prepared and served by the cafeteria personnel at a future date.
B. Some foods and beverages not necessary for growing and staying healthy 1. Tea, coffee, cola, beer 2. Chocolates and other candies	1. Have a bulletin board on foods and beverages not necessary for growing and staying healthy. Discuss why and when these might be eaten. Example: Birthdays. Have students draw well-balanced snacks and hang these on bulletin board. Possible caption: "It's Time for a Change."
II. Cleanliness and its cost A. Some household agents used to maintain cleanliness 1. Soaps, detergents 2. Disinfectants, cleaners 3. Deodorants, tooth paste, mouthwash	1. Make a display table showing these items. Discuss each with students stressing how they can be used to maintain body cleanliness. Discuss their cost. 2. Make a visit to a local grocery store and have the students locate various substances used for maintaining body cleanliness. Discuss their cost.
B. The dangers of the above household agents if swallowed	3. Make a collage of labels from various types of cleaning agents. Discuss labels with students and then ask different students to identify a type of soap or other agent by pointing to a label. 1. Make an experience chart with the students after demonstrating the following experiment: Use three glasses of water. Put a piece of aluminum foil in each glass. Add one tablespoon of toothpaste to one glass. Leave another glass as is, and add one tablespoon of Drano to the other glass. Have students tell what you have done in correct sequence while you write it down. Relate reaction of the Drano on the aluminum foil to what would happen if a child had swallowed it.

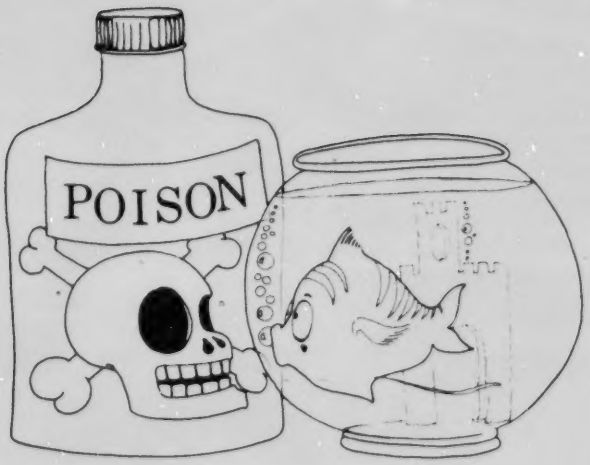
SOCIAL STUDIES

Content	Learning Activities
III. Health care and its cost A. Persons needed to help maintain good health 1. Family doctors, dentists, and druggists 2. Public health agencies	1. Let each student dress as a doctor, dentist, druggist, public health worker or nurse. Have a sharing time where each child can tell his classmates one or two things he does in his profession. 2. Have students mold from modeling clay persons needed to help maintain good health. Place these in shadow boxes with student-made related backgrounds. Ask each child to explain how his person helps others maintain good health. 3. Make a visit to a local public health agency. Stress the free or low-cost services such an agency renders. Make an experience chart describing the visit upon returning to the classroom.
B. Medical treatment and guidance needed to maintain good health 1. Proper use of drugs 2. Hospitalization	1. Play with students "We Ask First" to show things which are and are not safe to put in their mouths. Using a box labeled "Safe To Eat" with large parted lips and a waste can labeled "Not Safe To Eat" with closed, buttoned lips, have them place cut out pictures of safe and unsafe items into proper container after asking child playing mother or father "May I Eat This?" Others sing to tune of "Three Blind Mice": We ask first We ask first What we may taste What we may taste Even though goodies look ever so good We have to remember as wise children should Not to put anything into our mouths Till we ask first.



Well people who foolishly take drugs for fun can only *become* sick.

HEALTH AND SAFETY

Content	Learning Activities
I. Care of the body A. Necessary cleanliness for good health 1. Personal 2. Environmental	1. Create interest center which would include various items used for body cleanliness such as bath towel, toothpaste, soap, etc. Have a group discussion on cleanliness in which one student at a time would go to the interest center, select an object, and tell about it. 2. Teach the students the song, "So Early In the Morning." Let different ones make up verses related to items in the interest center. For example, "This is the way we brush our hair," sung to the tune of "Here We Go Round the Mulberry Bush." 3. Write one statement for each student concerning pollution and its prevention. After they have practiced reading their statements, let them record these on tape to make a listening center on pollution. Have this located near a window so they can look outside and decide if what they see is polluted.
B. Nutritive foods necessary for good health 1. Proper selection of foods 2. Proper eating habits and foods 3. The absorption process  	1. After lunch one day, have students list everything they ate and discuss this with them in terms of the four basic food groups. 2. Make a life-size figure named "Healthy Sam." Place the stuffed shirt and jeans figure in a corner of the room. The teacher could walk up to the figure and pretend she is listening to him. Then she turns to the class and says, "Guess what Healthy Sam just said to me . . . 'Students need to drink three glasses of milk each day'." Then call on the students to go up to the figure and tell the class what Sam told them. 3. Place a celery stalk in a glass of water. Add one drop of dye to a sugar cube and put it into the water. Note at first that nothing happens because the cube must melt to be absorbed into the stalk. Relate this to the human body. Make an experience chart.

HEALTH AND SAFETY

Content	Learning Activities
C. Prevention and control of disease 1. Causes of disease 2. Prevention of disease 3. Control of disease	1. Visit a bakery or a diary so that the students may observe sanitation practices used to prevent disease. 2. If seasonal, bring in plants that are diseased. Treat these and relate this to the human body. 3. Have the county health nurse visit and explain to the students the reasons for booster shots.
II. Drugs, medicines and body care A. Drugs and medicines used to help prevent disease 1. Vaccines 2. Vitamins and minerals 3. Drugs which pace bodily functions	1. Prepare a bulletin board on "Feelings of Sickness." Let the students draw self-portraits of how they looked and felt when they contracted a childhood disease. List preventive measures. 2. Have a druggist come in and discuss drugs used to prevent disease and drugs used to fight disease. 3. Have students bring in other sources of vitamins and minerals for "juice time" besides the vitamin pill.
B. Drugs and medicines used to help fight disease 1. Antibiotics 2. Analgesics 3. Antihistamines	1. Make a large cardboard disc and divide it into three sections. On each section, print one of these words — antibiotic, analgesic, or antihistamine. Define these for the students. Have them find examples from magazines. Paste pictures on cardboard squares. Have each one place a card on the appropriate section of the disc. After they have learned to relate the picture cards and categories, let them play the game by themselves.
C. Pharmacology of substances 1. Common household substances and their good uses a. Paints, polishes, sprays b. Solvents, gasoline, matches c. Detergents, soaps, lye, drain cleaners d. Disinfectants e. Paste, glue f. Insecticides, fertilizers g. Cosmetics, beauty aids	1. Prepare a ditto sheet on which categories of toxic substances have been printed. Lead a discussion in which students place various toxic substances into one or more of these categories:-outdoors, indoors, or both. Check the appropriate column(s) to indicate the form(s) in which these substances might be purchased (spray, liquid, solid). Discuss use and misuse of each substance.
2. Misuse of the above common household substances	2. Make a grab bag in which has been placed containers holding various common household substances. Let each student draw an item from the bag and tell of its proper uses.

HEALTH AND SAFETY

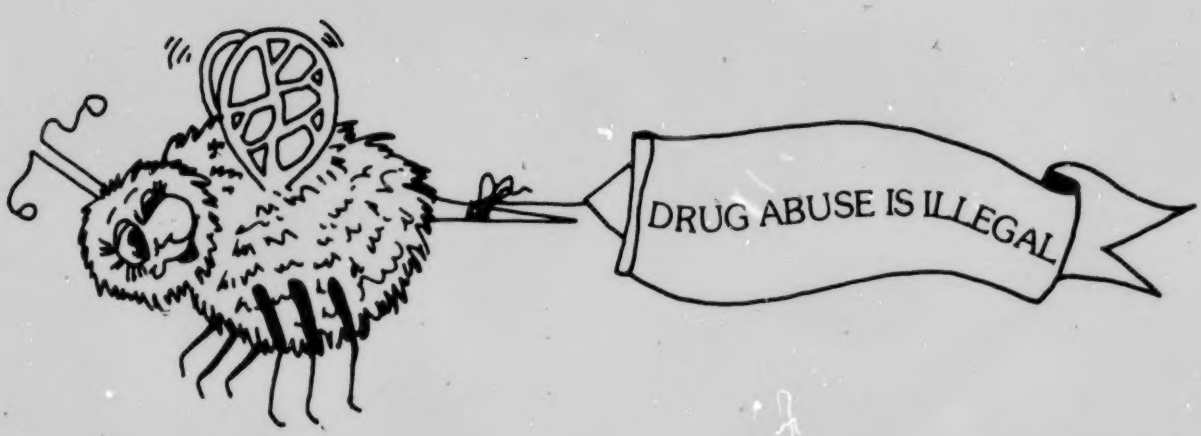
D. Pharmacology of medicines 1. Prescribed medicines and their proper use a. Meaning of a doctor's prescription b. Safety in using prescribed medicines (1) Destruction of unused prescribed medicines (2) Taking prescribed medicines in the presence of an adult 2. Nonprescribed medicines and their proper use a. Identification of nonprescribed medicines such as laxatives, digestive aids, pain relievers, cold remedies, sleeping pills b. Safety in using nonprescribed medicines (1) Destruction of unused nonprescribed medicines (2) Written directions and adult guidance to follow in taking nonprescribed medicines	1. Dramatic play: Read story to students on why medicine should only be administered to them by adults. Let them act it out with or without props such as toy telephone, bottle and spoon. Title: "When Mary Got Sick." Story: Dick's little sister gets sick and is taken to doctor who gives her prescription for medication to her mother. Dick and his father take prescription to pharmacist who prepared it and stressed to Dick that it was made only for Mary and no one else should take it. Father also purchases nonprescription medicine from pharmacist who stresses importance of not taking any medicine without parental guidance. Dick promises not to take any medicines unless his parents give them to him. At home, mother reads label, gives to Mary and stores it. Later mother discards it after she is well. Stress that they should never take medicine that is meant for someone else. 2. Make a display table divided into prescribed and nonprescribed medicine. Have students bring in empty containers, place them under appropriate category, and explain choice. 3. Prepare ditto prescription blanks on which the students can fill in what a doctor writes on a prescription. Use this example to discuss the parts of a prescription, what a prescription tells druggist, and that it can be in Latin or English. Stress the skill of writing in this activity. See appendix Prescription form.

HEALTH AND SAFETY

Content	Learning Activities
3. Proper storage of prescribed and non-prescribed medicines (a) Medicine cabinet, bathroom (b) Refrigerator, kitchen cabinets	1. Set up a learning center with shoe boxes labeled (a) medicine cabinet (b) refrigerator (c) storage house and (d) closet. Using cards that have names of items on one side and labels on the other side, have students place these into the appropriate box. (To make the learning center self-corrective, put the answers on the inside top of the shoe boxes.)
SOCIAL STUDIES I. Citizenship A. Places where good citizens make and obey rules and laws 1. In the home 2. At school 3. In the community	1. Discuss with students how rules are made in the home and what some of these rules are. Ask each one to draw and color a cartoon that depicts how the rule was made, what it is, and what happens if it is broken. Paste these cartoons on newsprint to form a "funny paper" to be enjoyed by all. 2. Lead the classroom group in making rules to be followed while at school. Dramatize trying to learn and study when no one observes rules of order. 3. Take a walking field trip to observe some rules which people in the community follow: traffic laws, pedestrian laws, litter laws, etc. Look for examples of violations and discuss them.
B. People who help citizens know and obey laws in the community 1. Policeman 2. Lawyer 3. Sheriff 4. Judge	1. Duplicate "dot-to-dot sheets." (See Appendix) After students have connected the dots, have them name the helper and write either (a) riddles (b) poems or (c) sentences describing the community helper. Best examples can be made into a bulletin board on people who work with laws.
II. The community and drugs A. Community drug laws for the protection of good citizens 1. Laws for the use of drugs 2. Laws for the selling of drugs	1. Help students make a model city including any establishments where drugs can be purchased legally. (Example: drug store, grocery store, liquor store, hardware store, etc.) Mark with a flag places where drugs can be purchased.

SOCIAL STUDIES

Content	Learning Activities
	2. Make a chart listing various types of people who use drugs properly & tell why they use them. Give examples, diabetics, heart disease, blood ailments. Have students cut pictures of these people from magazines or catalogs and secure them to cardboard rests. Place in appropriate places in model city. 3. Invite a law enforcement officer to visit classroom and talk with students about laws governing drugs in the community. Record these on a chalkboard so they can be discussed by class. (Make a transparency of these drug laws for later use.)
B. Ways citizens who disobey drug laws harm themselves and others 1. Physically 2. Mentally 3. Socially	1. Ask students to bring pictures and articles concerning drug laws that have been broken. Have a "show and tell time" emphasizing these questions: a. How could this harm you? (the children) b. How could this be prevented? Discuss feelings of those involved.



HEALTH AND SAFETY

Content	Learning Activities
I. Proper use of drugs A. Illnesses caused by germs and their treatment with drugs and medicines 1. Pneumonia 2. Tetanus 3. Smallpox	1. Tell the students a story about "Jesse Germ" and his "Gruesome Gang" made up of "Toothless Tetanus," "Slim Smallpox," and "Nosey Pneumonia." Tell how this bad gang of bandits sneaks into body towns such as Lungsville, Holey-foot, and Scar Skin City and maliciously attacks the unwary city. Then tell them how "Sheriff Daniel Diseaseless" and his fearless posse made up of "Pete Cillan," "Vic Sanation," and "The Lone Shot" chase this terrible gang through the bodytowns until they finally catch and arrest them. For future reference, tape this as you tell it. 2. After listening to story, have students draw cartoons with captions depicting story. Place cartoons on bulletin board for all to see. Label this "Jesse Germ Meets Daniel Diseaseless."
B. Noninfectious illnesses and their treatment with drugs and medicines 1. Cancer 2. Allergies 3. Heart disease 4. Insomnia 5. Obesity	1. Define infectious and noninfectious. Let students make a report on noninfectious diseases, highlighting cause and treatment. Discuss how someone ill feels and have children write a get well letter to someone they know who is sick.
II. Improper use of drugs A. Drugs used to treat illnesses and their misuse 1. Pain relievers 2. Amphetamines 3. Barbiturates	1. Have the students bring in labels or empty containers of these drugs which may be abused. Place name of each category (pain relievers, etc.) on a bulletin board entitled "Misused Drugs." Let them place their label or container in the appropriate category and tell how drugs can be used to treat an illness.

HEALTH AND SAFETY

Content	Learning Activities
B. Some other drugs and their misuse 1. Caffeine 2. Tobacco 3. Alcohol	1. Have debate on pros and cons of these drugs. Let one group debate coffee, one tea, etc. 2. Collect newspaper articles for a class scrapbook on the misuse of these drugs. Place this in reading corner for students to go back and review later. This could be entitled "Drugs of Abuse."
SCIENCE I. Plants A. Drugs and medicines of plant origin 1. Caffeine 2. Tobacco 3. Alcoholic beverages 4. Marijuana 5. Penicillin (mold)	1. Use flannel board to display various pictures of drug-producing plants such as leaves of tea and coffee plant (caffeine); marijuana plant; coca bush (cocaine); opium poppy (opium); barley, corn, rye, grapes (alcoholic beverages); tobacco plant; morning glory seeds (hallucinogens); catnip (hallucinogens); and peyote cactus (mescaline). Discuss each picture with students, then let them draw and color several of their choice. These could be used to start notebook entitled "Drugs Come From Many Things." 2. Discuss discovery of penicillin. Grow bread mold. Have students observe this with microscope. 3. Using a bulletin board entitled "From Plants to Drugs," let students cut out pictures from magazines of various drugs we use which come from plants. Let them place these on a bulletin board.
B. Geographical origin of these plants 1. United States 2. Tropical regions 3. Mediterranean	1. Using a map or large globe on a table in front of a previously prepared bulletin board, let students attach pieces of yarn from picture they brought to country on globe where the plant is grown. 2. Show students a film or filmstrip on these various countries and types of plants which grow there. Discuss.

SCIENCE

Content	Learning Activities
II. Animals A. Drugs and medicines of animal origin 1. Smallpox vaccine 2. Salk vaccine 3. Chicken-pox vaccine 4. Measles vaccine	1. Read and discuss with class the history of Salk polio vaccine. Stress sequence: (a) sickness (b) research (c) testing (d) manufacturing and (e) prescribing. 2. Ask a representative from your county health department to visit class and talk with students about their smallpox, chicken-pox, and measles vaccines. Have this person stress where vaccines come from and why we need them. 3. Let students add pictures of drugs from animal sources to their notebook entitled "Drugs Come From Many Things." 4. Make a display of animal models from which drugs are produced such as a cow, hog, sheep and horse. Make a list of these animals and one disease that is helped by a substance that comes from them, such as ACTH, which comes from pituitary gland of cattle, is used in treatment of arthritis, etc. (See *World Book* or other encyclopedias for additional information.
B. The use of animals in laboratories where drugs are made 1. Places for raising these animals 2. The testing of drugs on animals	
III. Chemical and minerals A. Drugs of chemical origin 1. Sleeping pills, cold remedies, digestive aids, pain relievers 2. Rubbing alcohol, hydrogen peroxide, merthiolate, iodine B. The work and laboratories of chemists	1. Let students add pictures of chemical and mineral sources of drugs to their notebook entitled "Drugs Come From Many Things." 2. Have the students visit a local chemistry laboratory so they can learn what chemicals are and how they are used to make various types of drugs. 3. Invite a druggist to speak on the chemical origin of drugs.

SOCIAL STUDIES

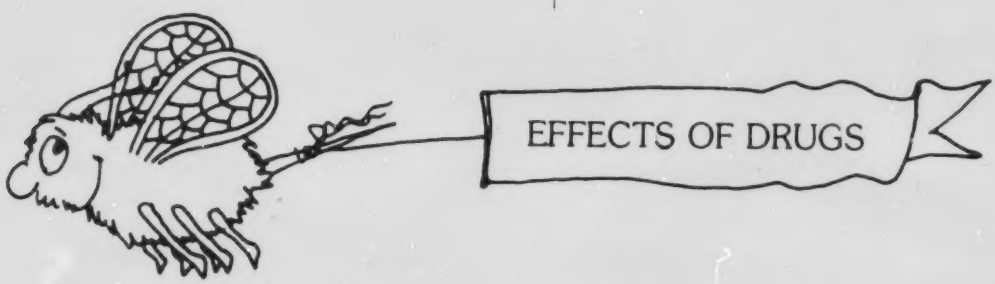
Content	Learning Activities
I. Reasons for using drugs in the United States A. Purposes for the growth, manufacture and use of drugs 1. Medical 2. Agricultural 3. Economical	1. Visit a farm and ask a farmer to tell students about various drugs he uses on the farm and how they are helpful to him. 2. Have students ask their parents the cost of a recently acquired prescription and for what it was used. Record these findings on a chart. Stress expense involved in using drugs.
B. Problems caused by the misuse of drugs and toxic substances 1. Medical 2. Environmental 3. Economical	1. Ask a farm agent to visit the classroom and talk with students about misuse of drugs as related to agriculture and problems that arise from misuse, such as pollution, killing of animals, etc. 2. Divide class into three groups. Group I: Do research on misuse of tobacco and how it damages the body. Group II: Do research on misuse of alcohol and how it damages the body. Group III: Do research on misuse of other drugs used as medicine and how they damage the body. Have groups give group reports when they have found adequate information. Encourage students to make posters or other aids to help in the discussion. 3. Make a series of math word problems related to the expense involved in misusing drugs such as "John smokes three packs of cigarettes a day costing 50 cents per pack. How much money does John spend on cigarettes a day? A week?" The problem can be completed individually and discussed as a group.
III. Reasons for using drugs in other cultural communities A. Purposes for the growth, manufacture and use of drugs in other cultural communities 1. Medical a. American Indian — miracle plant b. Ancient Greeks — opium 2. Agricultural a. French — wine b. Scottish — Scotch whiskey	1. Divide students into four groups. Help them plan and carry out activities they would like to do such as making reports, drawing pictures and murals, making posters, etc., on these topics: (a) How Hindus Used Opium

SOCIAL STUDIES

Content	Learning Activities
3. Ceremonial a. Hindu — opium b. American Indian — mescaline 4. Economical a. Turkish — opium b. Mexican — marijuana	(b) How Indians Used Mescaline (c) How Turks Make Money on Opium (d) How Marijuana Trade Has Affected Mexico Help them plan a skit and design appropriate costumes for country they choose.
B. Serious problems caused by drug misuse in the following cultural communities 1. Indian 2. German 3. French 4. Scottish 5. Hindu 6. Turkish 7. Mexican	1. Invite an individual from another country or a person who has visited another country to talk with students about misuse of drugs in that country. Record their talk.
III. Beneficial effects of drugs and medicines on the family A. Drugs and medicines properly used to help the family prevent illness 1. Vitamins 2. Vaccines 3. Regulatory drugs (those to prevent allergies, seizures) B. Drugs and medicines properly used to help the family overcome illness 1. Antibiotics 2. Analgesics 3. Antihistamines	1. Invite a medical intern, druggist, or nurse to discuss beneficial effects of drugs and medicines on the family. After the discussion, the teacher can make worksheets on which students will match each drug or medicine with its beneficial effect. 2. Help students make sandwich posters about the beneficial effects of drugs and medicines. Let them wear the sandwich posters and parade to other classes to share what they have learned. 3. Prepare a questionnaire for the students to take home. Have parents help them check off the various vaccines and immunizations they have had. Record this information on a large wall chart. Take a field trip to the county health department. Those who need certain vaccines and immunizations might take them at this time.
IV. Hazardous effects of drugs and medicines on the family A. Effects on individual family members of the improper use of drugs and medicines 1. Physical 2. Mental and emotional 3. Social	1. Use of cigarette smoking device to demonstrate influence a cigarette may have on lungs. Pass the filter around so that each student can observe the residue left by the smoke. See Appendix for directions on how to make a mechanical smoking device.[3] 2. Have students role play various family situations. Examples: (a) A father who smokes a pack a day.

SOCIAL STUDIES

Content	Learning Activities
B. The improper use of certain drugs and their effects on the family unit economically, socially, emotionally and morally 1. Caffeine-containing substances 2. Alcoholic drinks 3. Tobacco 4. Unnecessary medications	(b) A sister who finds her brother smoking marijuana at a party. Have them exchange roles and compare the differences in the way they felt in the various roles. 3. Invite someone from Alcoholics Anonymous, Welfare Department, or a local minister to discuss harmful effects of alcoholism and drug addiction on the individual and the family unit. 4. Have students role play telephoning for emergency help and giving vital information. 5. Have students make a list of emergency telephone numbers to put in a prominent place at home. 6. Have students create pictures from various modes of art depicting tea, coffee, cokes, alcohol or unnecessary medications. Place these in a center with a tape you have created on the effects of abuse. Better readers can be used to record short paragraphs on tape concerning these substances.



FOOTNOTES

[1]Ohio Department of Education, *A World To Grow In*, Teacher Manual, Grade 3 (Ohio: Ohio Department of Education, 1972), p. 185.

[2]Coronado Unified School District, *Teacher's Guide for the Coronado Plan* (California: The Coronado Unified School District, 1971), p. 28.

[3]Ben H. Baldwin, Gertrude B. Couch and Charles E. Richardson, *Teaching About Smoking and Health* (Illinois: Office of the Superintendent of Public Instruction and Department of Public Health, 1964), p. 70.

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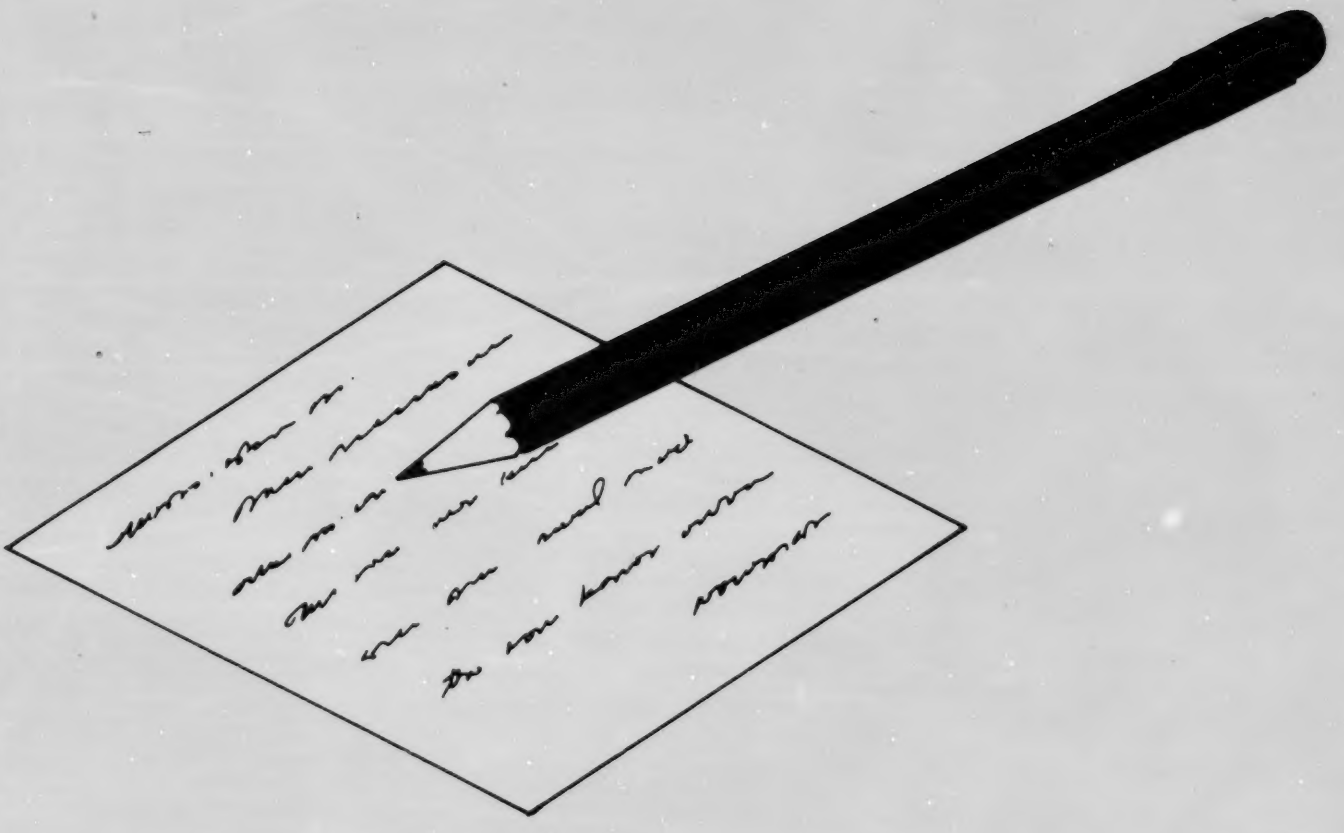
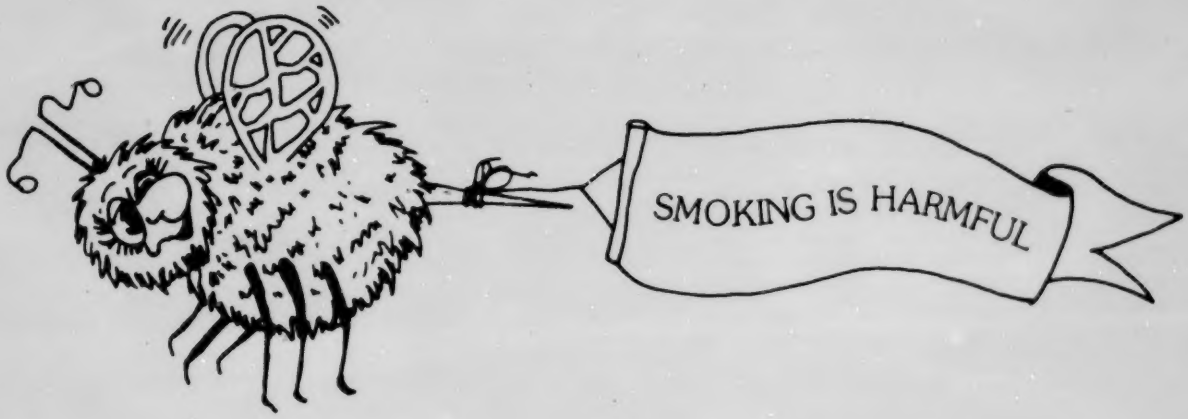
4-6



OBJECTIVES GRADES 4-6

By the end of the 4-6 grade section, the student will be able to:

1. List some toxic plants and animals, chemicals and drugs that affect the human body.
2. Discuss the history of man's need for drugs and name contributions of past and modern day scientists.
3. Identify some of the local, state and federal drug laws and the agencies concerned with drug control, treatment and rehabilitation.
4. Demonstrate effective intergroup relations which promote good citizenship and responsibility of self and others.



SCIENCE

Content	Learning Activities
I. Plants A. Some plants which may be toxic to different individuals 1. Poison ivy, poison oak, sumac 2. Mistletoe berries, polk berries 3. Mushrooms B. Various emergency procedures to be followed when coming in contact with above plants	1. Have students bring examples of poisonous plants (caution them against poison ivy, poison oak, and sumac). Use plants for spatter-painting activity. Display paintings on bulletin board entitled "Beautiful But Dangerous." 2. Have class discuss questions that may be used in an interview with an authority on emergency procedures to be followed when coming in contact with above plants. Have small groups interview one of the following persons: a. County farm agent b. Forest ranger c. Doctor Each group can relate their findings to class.
II. Animals A. Animals whose bites may be harmful to various individuals 1. Snakes 2. Rabid Animals 3. Insects B. Various emergency procedures to follow immediately after being bitten by the above animals.	1. Invite a veterinarian to talk to class about animals whose bites may be harmful and the emergency procedures to be followed if bitten. 2. Show students a filmstrip on various types of poisonous snakes. Discuss. Ask them how many and which ones of these may be found in their area. 3. Demonstrate the proper use of a snakebite kit.

SCIENCE

Content	Learning Activities
	4. Have a "What Would You Do" time in class. Call on a student to tell what he or she would do if bitten by one of the harmful animals listed in outline.
III. Chemicals A. Certain chemicals which can produce serious physical effects 1. Paints, polishes, sprays 2. Solvents, gasoline, matches 3. Detergents, soaps, lye, drain cleaners 4. Disinfectants 5. Paste, glue 6. Insecticides, fertilizers	1. Invite a home economics teacher to talk with students about proper storage of household substances. 2. Ask students to survey their homes to find where household substances are stored. Let each one report to class his findings and his suggestions for safe storage of these substances in his home.
B. Various emergency procedures to follow when above substances are swallowed.	3. Have students role play situations in which household substances have been misused or consumed by a sibling. Then discuss what emergency measures they should take when a sibling swallows something dangerous. Now replay the roles including the accident as well as the emergency procedures. Role playing should include such things as calling parents, doctor or other adults if parents are not at home and asking them for help, keeping container in which misused substance was stored and helping the sibling stay calm.
IV. Modern-day scientists A. Modern-day scientists and their newly developed drugs and medicines to help mankind 1. Jonas Edward Salk (polio vaccine)	1. Develop resource file. Have class collect current magazine and newspaper articles on progress in medical research.

SCIENCE

Content	Learning Activities
2. Sir Alexander Fleming (penicillin) 3. Sir Frederick G. Banting (insulin) 4. Dr. John F. Enders (measles vaccine) B. Drugs and medicines and their beneficial uses 1. Polio vaccine 2. Penicillin 3. Insulin 4. Measle vaccine	2. Invite a drug salesman or representative from a drug company to visit with the students and discuss the manufacture of drugs and various governmental controls that are exercised in this area. 3. Make a flow chart showing the three steps most drug companies incorporate in manufacturing a drug: a. Research and development b. Production c. Quality control Discuss what takes place at each stage of production. Reference: *World Book Encyclopedia.*
V. Scientists of the past A. Scientists of the past and the drugs and medicines they discovered and developed to help mankind 1. Edward Jenner (smallpox vaccine) 2. Louis Pasteur (rabies antitoxin) 3. William Gorgas (yellow fever vaccine) B. The above drugs and medicines and their interesting histories of development	1. Divide class into several groups. Let each group research, write and present a short skit on one of the following: Jenner, Pasteur, Gorgas, surgical-medical tools or hospitalization, past and present. 2. Have students complete worksheet on scientists and the disease for which they found a cure. (See Appendix) Use scientists listed above plus others. Add additional information to resource file. Variation: Teacher could fill in different blank in each row and let them research answers for others.
SOCIAL STUDIES	
I. Local drug laws A. Reasons for having local drug laws 1. To control use 2. To control sales 3. To control traffic B. Drug laws of communities 1. Tobacco laws 2. Alcoholic beverage laws 3. Marijuana laws	1. Lead class in a discussion of their feelings about rules. Ask them to play a familiar game without any rules. After attempting the game, ask them how they felt. (Feelings might be anger, frustration, etc.) Relate this to classroom and community.

SOCIAL STUDIES

Content	Learning Activities
4. Stimulants, depressants, hallucinogens and opiate-like drug laws 5. Laws and controls over other toxic substances such as glue	2. Let students write an imaginative story entitled "Lawlessville, U.S.A." 3. Call county and/or city clerk to find old drug laws that are no longer enforced. Share these with students or take a field trip to clerk's office. Illustrate some of these antiquated ordinances through various art media to be displayed on bulletin boards. The caption might be "Believe It or Not." 4. Help class develop appropriate drug ordinances for their community.
II. Local agencies concerned with the control of drugs A. Some local agencies concerned with the control of drugs for the welfare of the public *before* the drugs are available on the market. 1. Manufacturers 2. Pharmaceutical professionals 3. Medical professionals B. Some local agencies concerned with the control of drugs for the welfare of the public *after* the drugs are available on the market 1. Local law enforcement officers 2. Judicial officials 3. Public agencies such as the Department of Pensions and Security, Public Health and Mental Health	1. Visit a local pharmaceutical company to observe production or have a druggist invite a drug salesman to talk to class about drug control. 2. Have students develop a mural illustrating the responsible people who control drugs. Trace a drug from producer to consumer.

SOCIAL STUDIES

Content	Learning Activities
III. Indians A. Indians and drug use in their tribal life 1. Tribal ceremonies 2. Medical reasons B. Sources of drugs for the Indians 1. Plants 2. Animals 3. Minerals	1. Show films or filmstrips on man's early use of drugs and other devices in his attempt to ease pain, fear and disease. Discuss. 2. Set up display table. Have students bring in examples of sources of drugs once used by Indians (rhubarb, herbs, corn, fruit, tobacco, beetles, aloevera plant, ginseng, etc.). Discuss drug usage by the American Indians, including the use of peace pipes, peyote and Indian war paint made from dangerous leaves. 3. Make a bulletin board display with pictures of "Medicine Men" and objects and potions they used to treat their patients. Students can make papier-mache or paper bag masks to role play "Medicine Men" in the peace ceremony.
IV. Pioneers A. Various reasons for drug abuse by the pioneers in Alabama 1. Preventive medical reasons 2. Corrective medical reasons 3. Seeking relaxation B. Sources of drugs for the pioneers 1. Traveling medicine shows 2. Indians 3. Self-made from plants, animals and minerals	1. Have students interview parents or grandparents on superstitions and home remedies. Report to class. 2. After doing research, have students construct a time-line depicting the history of drugs in the United States. 3. Construct a bar graph of the life expectancy in the United States. Relate this to the advancement in medicine from the early Indians to present-day scientists. 4. Let students write a skit and make props for a traveling medicine show. Each one can make and sell his own products.

HEALTH AND SAFETY

Content	Learning Activities
I. Safety and first aid in the classroom A. Certain substances requiring precautions in the classroom to provide safety for everyone 1. Commonly use toxic substances in the classroom a. Paints, polishes, sprays b. Solvents, matches c. Detergents, soaps, cleaners d. Disinfectants e. Paste, glue 2. Misuse of above common toxic substances in the classroom and their symptoms B. Emergency procedures to be taken in the event above common toxic substances found in the classroom are misused. II. Safety and first aid on the school playground A. Some plants, animals and chemicals requiring precaution while on the playground 1. Harmful plants to avoid a. Poison ivy, poison oak, poison sumac b. Mushrooms c. Mistletoe and other poisonous berries 2. Harmful animals to avoid a. Snakes b. Rabid animals c. Insects 3. Harmful chemicals to avoid a. Insecticides b. Paints c. Fertilizers B. Emergency procedures regarding playground accidents involving the above	1. Have students study their classroom and make a list of all commonly used toxic substances they find. On the board list all the things they have found. Work with them to decide the best place for storage of the items. 2. Take students on a trip of school grounds. Have them list all of the dangerous substances they find and where they found them. Help them prepare a class report of their findings to be turned in to the principal and work with him/her on ways to remedy the situations. 3. Have a resource person (fireman, Red Cross representative, county health nurse, Boy or Girl Scout leader or local mental health official) give a mini-course on safety and first aid. Teacher should prepare certificates to be given at the end of the course. 4. Let students prepare a classroom first aid kit. Have them keep a chart on all accidents that occur in the classroom and on the playground. Help them work with proper school officicals to try to alleviate these accidents. 5. Have a committee go to the principal after a fire or disaster drill to find out how long it takes to clear the building. Have class make a list of ways they can safely help speed up the drills. 6. Pair students and have each pair illustrate a rule obeyed using "Safety Cat" and a rule disobeyed using "Silly Cat." Make a roller movie with these illustrations. Have them tape an appropriate narration for their movie.

SCIENCE

Content	Learning Activities
I. Drugs for the treatment of disorders and diseases and their misuse A. Amphetamines B. Barbiturates C. Pain relievers.	1. Have a local narcotics officer or policeman bring in examples of the drugs listed in the outline and explain how they are abused. 2. Help students make a scrapbook from articles brought in from newspapers or magazines on drug misuse. 3. Recall drugs that are "prescription" and "non-prescription" and explain dangers arising from not taking these drugs properly. 4. Have students make posters or mobiles to show proper use and misuse of the above. 5. Have students do necessary research to complete worksheet on types of drugs used to treat diseases and disorders. (See Appendix) Variation: Teacher may fill in disease or disorder studied, letting students "treat" the disease.
II. Reasons for misusing drugs A. Recreation B. Peer pressure C. Curiosity D. Ceremonial reasons E. Self-medication F. Dissatisfaction with self, family, peers, failure at school or work G. Failure to follow directions.	1. Have students find pictures in magazines depicting various moods and feelings. Discuss how these affect our actions and list better ways than drugs to cope with these. Example: When angry— a. Get things under control b. Try to think of reasons why a person might act that way c. Try to see if we have found real reasons for the person's behavior d. If we are still puzzled, talk the problem over with a parent, or a teacher or someone we think can help! 2. Provide magazines for students to use in order to make a bulletin board on "Reasons Drugs Are Not Abused" and "Reasons Drugs Are Abused." Divide class into groups. One group cuts letters for captions and another group cuts pictures which illustrate reasons people do and do not abuse drugs. Have them place their pictures on board under appropriate caption, either mounted on construction paper or placed on the board to give a collage effect.

SCIENCE

Content	Learning Activities
	3. Invite a guidance counselor to talk with class about social pressures and how these influence one's behavior. Have the counselor encourage them to go to their teachers or a counselor whenever they need help.
SOCIAL STUDIES	
I. State drug laws A. Reasons for having state drug laws 1. To control use 2. To control sales 3. To control traffic B. Specific state drug laws 1. Tobacco 2. Alcoholic beverage 3. Marijuana 4. Stimulants, depressants, hallucinogens and opiate-like drugs 5. Laws and controls over other toxic substances such as glue	1. Have state law officer explain state drug laws and why they are needed. (State Blue Law) 2. Familiarize students with Alabama Uniform Controlled Substances Act. (See narrative "Legal Aspects.") Have them launch campaign to inform community of this law and state agencies concerned with control of drugs. (Posters, "Spot" advertisements on radio and T.V., etc.) 3. After checking the court calendar the teacher may plan a class trip to the local courthouse to watch drug-related trials.
II. State agencies concerned with the control of drugs A. State agencies concerned with the control of drugs for the welfare of the public before the drugs are available on the market 1. Manufacturers 2. Pharmaceutical professionals 3. Medical professionals B. State agencies concerned with the control of drugs for the welfare of the public after the drugs are available on the market.	

SOCIAL STUDIES

Content	Learning Activities
1. State law enforcement officers 2. Judicial officials 3. Public agencies such as the Departments of Pensions and Security, Public Health and Mental Health	
III. Ways to obtain accurate or inaccurate information about all types of drugs A. Ways to learn facts about all types of drugs 1. Television 2. Periodicals and newspapers 3. Radio 4. Personal contact B. Sources of true drug facts 1. Parents or guardians 2. Doctors 3. Nurses 4. Periodicals from reliable agencies such as Government Printing Office, American Medical Association	1. Conduct a study of advertising. Teacher can tape public service advertisements versus commercial drug advertisements, or students can view advertisements on T.V. at home. Have them evaluate these, noting the following: a. Product name and type b. Program seen with c. Time of day d. Length of commercial e. Appeal used (what you would gain from using product) f. Group appeal (group directed toward) Students could also compare newspaper and/or magazine drug ads by discussing factual and nonfactual components of each. 2. Using life-size outline figures drawn on market paper, have students label and describe types of people with whom they come in contact each day (teacher, parent, friend, etc.). Discuss with them reasons we like and/or trust certain people. Have them tell which of these people they can trust and why. Then name the ones who are reliable sources of drug information and why. On cards, list various situations and have them place these labels on the outline of the appropriate person. Examples: You have a headache; to whom would you go? You are sick at home alone; to whom would you go? You want to borrow a jacket; to whom would you go?

SOCIAL STUDIES

Content	Learning Activities
IV. Reasons we use drugs and medicines A. Medicinal uses of drugs and medicines 1. To prevent illness 2. To cure illness 3. To prolong life 4. To relieve pain 5. To stabilize mental processes B. Other reasons for use of drugs and medicines 1. To achieve euphoria 2. Peer pressure 3. Inadequate self-concept 4. Escape 5. Attention-seeking 6. Suicide 7. Curiosity V. Ways we obtain drugs and medicines A. Reliable sources for obtaining drugs 1. Medical professionals 2. Pharmaceutical professionals 3. Parents or guardians B. Unreliable sources of drugs 1. Friends 2. Strangers who offer drugs and other substances	I. Divide class into committees and have each group research one or more of the reasons we use drugs and medicines. Let each group select one member to represent them on a debate panel. Members of the panel presenting the medical use of drugs and medicine should dress as members of the medical profession. The panel presenting other reasons for use of drugs and medicines should dress as class thinks appropriate. After debate, let students vote for the group with whom they agree and state reasons why. Next, let them vote on the team which would be the most reliable source for obtaining drugs. Help them compute percentages for each survey. 2. Watch T.V. at home for various programs on drug abuse. Have students report on these periodically to class. 3. View and discuss the film, "Marijuana." May be obtained from Drug Education, State Department of Education. (See audiovisual catalog in appendix for ordering.)

HEALTH AND SAFETY

Content	Learning Activities
I. Sources of reliable health services and emergency treatment A. Familiar public health services B. Types of doctors	1. Complete the worksheet on different kinds of doctors. (See Appendix)
II. Certain types of undesirable emergency treatments to be avoided in case of accidents A. Home cures B. Internal self-medication C. Health superstitions D. Quackery	2. Help students obtain information on emergency treatment from county health department. Work with them in creating dramatizations depicting proper emergency treatment to follow and undesirable treatment to avoid for certain accidents. Examples: burns, snake bites, etc. Be sure to include type of doctor to see in each situation.
SCIENCE	
I. Damage to body organs A. The complex, orderly structure of the human body 1. Cells 2. Tissue 3. Organs 4. Systems B. Organs damaged by chemical stimulation or depression 1. Brain 2. Heart 3. Lungs 4. Stomach 5. Liver 6. Kidneys	1. After class completes their study of cells, tissues, organs and systems of the body, divide them into committees. Each committee can take the class on a "Fantastic Voyage" through their assigned system, tracing drug abuse damage to that system and its organs.
II. Processes of the body systems damaged by drugs A. Systems of the human body and the organs composing them 1. Nervous system 2. Circulatory system 3. Excretory system 4. Digestive system 5. Respiratory system B. Drug abuse damage by stimulation or depression to the above body systems and their processes	2. Discuss three main classifications of drugs (depressants, stimulants, hallucinogens). Compare effects of these drugs on systems of the body. Label systems and their related organs. Help students write names of several drugs in each group on their worksheet entitled "The Effects of Drugs on the Systems." (See Appendix)

SOCIAL STUDIES

Content	Learning Activities
I. Federal drug laws A. Reasons for federal drug laws 1. To control use 2. To control sales 3. To control traffic B. Specific federal drug laws 1. Tobacco 2. Alcoholic beverage 3. Marijuana 4. Stimulants, depressants, hallucinogens and opiate-like drugs 5. Laws and controls over other toxic substances such as glue II. Federal agencies concerned with the control of drugs A. Federal agencies concerned with the control of drugs for the welfare of the public *before* the drugs are available on the market 1. Manufacturers 2. Pharmaceutical professionals 3. Medical professionals B. Federal agencies concerned with the control of drugs for the welfare of the public *after* the drugs are available on the market 1. Federal law enforcement officers 2. Judicial officials 3. Public agencies such as the Departments of Pensions and Security, Public Health and Mental Health	1. Familiarize students with federal drug laws and agencies concerned with drug control. If possible, invite an F.B.I. agent to speak to class. 2. List and explain reasons for the medical examination of immigrants. 3. Have students make their own drugs (m&m candy, soda straws, play dough, colored water, etc.). Pretend this drug is a cure for the common cold in a variety of forms. Lead them in a discussion of the need for controls before this drug is made available. Through the discussion, help them discover roles played by manufacturers, pharmacists and doctors. Have them decide on forms in which drugs will be dispensed and the amount of a drug in a capsule. Then discuss control by agencies dealing with legal and illegal dispensing of drugs. 4. Plan a mock trial with props and designated roles. Have full class participation. Set up a situation of illegal use of drugs having drug users, pushers, minors, bystanders, etc., at a party. Have the situation develop as follows: (a) party is reported (b) federal and state law enforcement officers raid (c) participants are informed of their rights (d) arrests (e) participants are charged accordingly. Choose lawyers, district attorney, witnesses, parents of minors, representatives of public agencies concerned and a jury. Let each student research information needed for his role. Conduct the trial. This could cover several days and could be taped and/or filmed (home movie camera, instamatic camera, etc.) by students for presentation to other classes or P.T.A. 5. Have students complete worksheet entitled "People — Their Responsibilities in Controlling Drugs." (See Appendix) Engage them in a discussion of importance of

Content	Learning Activities
	"Me" in the decision-making process. Review various ways one can go about making decisions. a. You can do the first thing that comes to mind and not stop to think at all. b. You can think about what would be the easiest or the most fun for you right now. c. You can think of yourself and others and also what you would like to do at the moment. d. You can think not only of what you would like to do at the moment, but also think ahead to see what some of the results might be later and how these results might affect you and others around you.[2] (See Bibliography for material on values and decision making.)

FOOTNOTES

[1]Ohio Department of Education, *A World To Grow In,* Teacher Manual, Grade 5 (Ohio: Ohio Department of Education, 1972), p. 156.

[2]*Ibid.*, pp. 154-156.

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NARRATIVES

HAPPY DAYS ARE HERE AGAIN

Since the beginning of time, man has experimented constantly with drugs for medicinal purposes and in an endless quest for an escape from reality. References to the desirable effects of opium, perhaps the first true drug of abuse, and its major constituents are as old as recorded history.[1] In the Sumerian tablets of the eighth century B.C., are found the earliest references to the opium producing poppy plant.[2] The Sumerians cultivated the opium poppy plant in order to extract its juice. The knowledge of opium's medicinal properties spread from the Sumerians to the Babylonians and from there to Persia, Egypt and Greece. Homer wrote in the *Iliad* that the poppy had the power of "inducing forgetfulness of pain and the sense of evil." Sprinkled with honey over food, the poppy seed was a Roman favorite.[3] In the seventh century B.C., opium was used medically by Assyrian physicians. Even the Greek physician Hippocrates, though not an advocate of opium, recommended the juice of the poppy as a cure for many afflictions.[4] Two other early civilizations, the Aztecs and the Incas, discovered the stimulating effects achieved when the leaves of the Erythroxylon coca plant were chewed and the drug cocaine was released. Natives of the Peruvian Andes claimed that fatigue was forgotten, physical strength was improved and intellectual capabilities were increased upon chewing the coca leaves.[5]

The use of marijuana was reportedly first described by the Emperor of China, Shen Nung, in the twenty-eighth century B.C., when he "recommended the medicinal properties of hemp for the relief of female weakness, gout, rheumatism, malaria, beriberi, constipation and absent-mindedness."[6] The intoxicating properties of marijuana were known among the Assyrians about eight B.C., and historical sources say that when marijuana reached India, its use became part of the Hindu religion. Arabic and Persian literature mentioned hemp and the Moslems introduced its euphoric qualities to northern Africa and other lands bordering on the Mediterranean as they moved westward at the beginning of the seventh century A.D.[7] By 500 A.D., Cannabis had reached nearly all of Europe and Islamic physicians were prescribing it for a variety of ailments. But traveling vendors also were selling concoctions of marijuana as an aphrodisiac.[8]

Marijuana, often called hemp, was used during the Revolutionary Period to make rope for ships. The hemp plant played an important part in our economy in the 1850's as a source of rope. Even prominent Americans such as George Washington and Thomas Jefferson were reported to have grown hemp. Up until 1937, marijuana was prescribed by physicians for its medicinal effects.[9] Today, though, it is debatable whether marijuana has any medical value.

Marco Polo, the famous world traveler, wrote about the use of hashish among Hasan and his Assassins in eleventh century Arabia. It was said that Hasan rewarded his followers for successful assassinations by feeding them a preparation made from the resin of the female hemp plant.[10] The Assassins were intoxicated with hashish before being sent out on their missions and Hasan also used the euphoric properties of hashish to entice younger men to join his Order of Assassins. Other references to the use of hemp appear in the tales of the Arabian Nights.

Since early physicians were concerned with the symptoms of the ill, they soon found that opium was an effective pain-reliever and sleep-inducer. During the Christian period, it was also administered for cough and diarrhea as it is today. In Renaissance Europe opium also was used to treat hysteria, thus becoming one of the first therapeutic agents for a mental disorder.[11] As the medical value of opium spread, so did its abuse. But it was not until the seventeenth century that the use of the drug became popular solely for its psychological effects. Addiction was recognized as a serious problem after opium smoking had become profitable and widespread in China.

In the eighteenth century the Chinese Emperor, Yung Chen, tried to prohibit the smoking of opium because it had become so prevalent; but his demands were mostly ignored. By 1839, opium use had become such a serious problem that the Chinese government demanded the surrender of all opium stored in Western ships. The ships were held until all opium was surrendered, and the opium was destroyed later.[12]

This new approach was a blow to Western prestige and resulted in great tension. One night a British sailor became involved in a brawl which resulted in the death of a Chinese native. Because the British would not surrender this seaman to the Chinese, the struggle known as the "Opium War" (1840-1842) was begun. The Chinese were defeated and the British under treaty demanded an indemnity of six million dollars for payment of the opium

that was destroyed. They then established the greatest port in the Far East—Hong Kong. Opium importation continued to grow until 1911 when the British and Chinese governments agreed to restrict trade from India as well as the cultivation of the opium poppy in China.[13]

The War Between the States resulted in even more problems concerning addiction. The use of the hypodermic needle, brought to this country in 1856, was probably a prime mover of narcotic addiction. The hypodermic needle was used extensively during the Civil War to administer morphine, a derivative of opium discovered at the turn of the seventeenth century, to soldiers who were wounded or suffered from dysentery. This was its first chance at widespread use. Since the danger of addiction was not fully recognized at this time, many soldiers returned to normal life addicted to morphine. "Soldier's Illness" became a common term at this time and actually meant narcotic addiction.[14]

Many people felt that the use of the hypodermic syringe would provide a method of administering morphine without producing addiction because the drug could not reach the stomach. Based on this idea, the public purchased syringes and morphine without a prescription and began a do-it-yourself program. It wasn't until the 1870's that it was recognized that morphine was as addictive as opium.[15]

Heroin, the final derivative of opium, was synthesized in 1874 and is a chemical modification of morphine. It was not accepted genuinely until 1898 when the Bayer Company of Germany began commercial production. It was reported that heroin was ten times stronger than morphine and codeine and was even thought to be a good cure for morphine addiction. It was soon found that heroin created many more addicts at a faster pace and that they were even harder to cure than morphine addicts.[16] Equally important, heroin firmly established the hypodermic needle as the instrument of drug abuse.[17]

After the Civil War, many patent medicines were available that contained morphine and opiate salts. Some good examples were Ayer's Cherry Pectoral, Jayne's Expectorant, Pierce's Golden Medical Discovery and Mrs. Winslow's Soothing Syrup. Drugs such as these were sold to the pioneers by traveling medicine shows as "cure-alls" for everything. They were promoted widely and respected by the settlers of this time. However, the use of opium and morphine as ingredients in patent medicines became so universal in this country by the turn of the century that the Harrison Narcotic Act of 1914 was passed to stem a rising addiction rate among United States citizens.[18]

The use of alcohol is as old as man himself. Whether primitive or sophisticated, ancient or modern, people of almost every nationality and historical period have carried on the custom of using alcohol.[19] In primitive tribes, the custom of drinking alcoholic beverages was a deep-rooted one that was closely associated with their tribal life and rituals. Beer and wine especially played an important part. Marriage, ceremonies for honoring the dead, the rites of passage initiating the young into adulthood, and important decisions were generally accompanied by sessions of brewing and ceremonial drinking.[20]

In early and medieval Europe, the use of wines and beer at meals was thought to improve the taste of the dried and smoked meats and unappetizing vegetables. It was easily stored, did not spoil and had a flavor that was definitely better than that of the available water. The process of distillation, developed in the Orient before the Christian era, became known in Europe about the eleventh or thirteenth century. Because distillation significantly increased the alcohol content over that found in brewed or fermented beverages, it "was a significant step in the development of drinking customs. . ."[21] The production of alcoholic beverages, at this time, had become an important part of many a nation's economy.

Ethyl alcohol has long been used for medicinal purposes as well as for antiseptic reasons. The basic ingredients for alcohol production have been around for millions of years. It has a long history of medicinal use and at one time was among the most widely prescribed drugs. Alcohol was probably one of the first tranquilizers known to man.

Among the many beliefs brought by the settlers, perhaps the most important was the use of alcohol for its health-giving qualities. For this reason, alcoholic beverages were in great demand in the wild American frontier. The settlers believed a good pot of ale could give a man the strength to face the giant-sized tasks facing him. Travel was difficult at this time and doctors were scarce, therefore, there was nothing like a spot of rum or beer to ward off chills and fever. By 1750, rum was widely used by the colonists for such purposes. The distillation of rum was a very profitable industry, and it was also a source of triangular trade between New England, the West Indies and Africa.[22]

The North American Indians adopted from the Mexicans the practice of using peyote in their religious rituals. This practice goes back to the early Aztecs who worshipped a variety of mushrooms and cacti and thought that peyote was "the flesh of the gods." "The Mexicans, as they turned to Christianity, continued to regard the plant as the 'flesh of gods' and . . . the natives sought out the divine plant calling it the nourishment of the soul as well as the food for the body."[23] The Indian peyote rites are observed by the Apaches, the Omahas, the Kiowas and the Comanches to name a few. The peyote drug is taken in the form of "mescal buttons" (thick, fleshy slices of the cactus which have been laid in the sun to dry). Whereas the Christian missionaries tried to prevent the Indians from using peyote by claiming its users went to the depths of hell, the Indians simply replied that it really brought them closer to heaven. During the 1900's, a controversy concerning the lawful use of peyote in the religious rites of the Native American Church of North America (the Peyote Society) has raged on. Finally in 1964, the Supreme Court of California

" . . . decided that the Indians did have a right to use peyote as a sacramental symbol since it was used by a Christian Church in place of bread and wine."[24]

In addition to presenting peyote to North America, the Indians were also the ones to introduce tobacco to the "white man." Tobacco usage dates back to the Aztecs of Mexico and the Incas of Peru. When Columbus discovered America in 1492, he found the Indians smoking. They used tobacco in various ways — cigars, pipes, chewing tobacco, snuff; but the greatest use was in pipe smoking. The American Indians smoked the "peace pipe" during ceremonials of political and public importance. "To them this was an act of mutual trust. . ."[25] The Indians also thought tobacco had some medical value. Up until the 1600's it was used as a form of medicine in Europe. Jean Nicot, French Ambassador to Lisbon, recommended tobacco for its medicinal value — thus the word nicotine.[26] Today we know that tobacco has no medicinal properties.

Sir Frances Drake encouraged the smoking habit when he returned to England in 1586 with tobacco leaves, seeds and clay pipes he had seized in the West Indies. Sir Walter Raleigh was responsible for popularizing tobacco's use and making it respectable in the English high society. It is astonishing that tobacco caught on so quickly in England because the nicotine content of the material that they smoked was much higher than the smoker today could tolerate. Snuff was a very popular form of tobacco during this period in Europe. It could be chewed, inhaled through the nose or rubbed on the gums and teeth. Its widespread use was attributed to the fact that "everyone was doing it."[27]

Tobacco has been cultivated in America since the beginning of the first settlement in Jamestown, Virginia. John Rolfe, the husband of Pocahontas, is credited with developing tobacco as a money crop in Virginia.[28] From there, its cultivation spread to other colonies and soon tobacco became a "major source of income and a medium of exchange for other products."[29] Before the Civil War, the major use of tobacco was for pipe smoking although tobacco chewing was prominent then and has since been established as an old American custom.[30]

Many synthetic drugs have just recently made it on the drug scene. The first of the synthetic sedatives, chloral hydrate, was discovered in 1868 and gained immediate popularity because of its sleep-producing effects. In 1883, paraldehyde, which was similar to chloral hydrate, was introduced. Together they soon gained notoriety in criminal circles where they were used as "knock-out drops."[31] Barbiturates were introduced into medicine with the discovery of Veronal by two German scientists in 1903. They found they could control the effects that could vary from slight sedation to deep anesthesia.[32] The Germans were also the first to recognize the addicting properties of barbiturates including withdrawing symptoms consisting of convulsions and psychosis resembling alcoholic delirium tremens.[33]

After amphetamine was synthesized by George A. Alles in 1927, and found to relieve nasal congestion, the Benzedrine inhaler was introduced by a pharmaceutical company in 1932. The company later introduced dextroamphetamine in 1945 when they found the drug had helped obese patients lose weight. It also counteracted drowsiness caused by some drugs used in the treatment of epilepsy and was helpful in reducing anesthesia after surgery.[34] The students at the University of Minnesota in 1936 were perhaps the first to discover that amphetamines could help them stay awake while studying for exams. During World War II, airmen took amphetamines to stay awake and alert when flying long, dangerous missions. Even United States astronaut Gordon Cooper took an amphetamine capsule to keep alert for his re-entry on manual controls. Amphetamine abuse has since rapidly spread among the public. The Benzedrine inhaler became so abused that finally nothing was left to do but take it off the market in 1949. A central nervous system stimulant closely related to amphetamine, methamphetamine, was widely used by the German army during World War II to encounter fatigue amoung the troops engaged in prolonged missions with as little sleep as possible.[35]

As long as mankind believes in the "quick cure" method of our society and in the quackery of chemical pleasures the problems associated with use and abuse of psychoactive substances will continue.

FOOTNOTES

[1]George B. Griffenhagen, "A Brief History of Drug Abuse," *Teaching About Drugs: A Curriculum Guide, K-12* (Kent, Ohio: American School Health Association, 1970).

[2]Louis Relin and Robert L. Sharoff, *Narcotics and Drug Addiction* (Chicago, Illinois: Budlong Press Company, 1969), p. 5.

[3]Walter L. Way, *The Drug Scene: Help or Hangup?* (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970), pp. 5-6.

[4]New Jersey Department of Education, *Drug Abuse: A Reference for Teachers* (Trenton, New Jersey: New Jersey Department of Education, 1968), p. 2.

[5]Way, *op. cit.*, p. 7.

[6] Bureau of Narcotics and Dangerous Drugs, *Marijuana, 1972* (Washington, D.C.: U.S. Department of Justice, 1972), p. 9.

[7]*Ibid.*

[8]Griffenhagen, *op. cit.*, p. 127.

[9]Way, *op. cit.*, p. 9.

[10]*Marijuana, 1972, loc. cit.*

[11]Mitchell K. Winn, *Drug Abuse: Escape to Nowhere* (Philadelphia, Pennsylvania: Smith Kline & French Laboratories, 1970), p. 16.

[12]Griffenhagen, *op. cit.*, p. 117.

[13]*Ibid.*

[14]Winn, *op. cit.*, pp. 17-18.

[15]Griffenhagen, *loc. cit.*

[16]*Ibid.*, p. 120.

[17]Winn, *op. cit.*, p. 19.

[18]Way, *op. cit.*, p. 7.

[19]Raymond G. McCarthy and John J. Pasciutti, *Facts About Alcohol* (Chicago, Illinois: Science Research Associates, Inc., 1967), p. 15.

[20]*Ibid.*, pp. 15-16.

[21]Raymond G. McCarthy and Edgar M. Douglass, *Alcohol and Social Responsibility* (New York: Thomas Y. Crowell Company and Yale Plan Clinic, 1949), pp. 4-5.

[22]McCarthy and Pasciutti, *op. cit.*, pp. 17-18.

[23]Griffenhagen, *op. cit.*, pp. 130-131.

[24]*Ibid.*, p. 131.

[25]Robert Spillane, *You and Smoking: Choose for Yourself* (New York: Ramapo House, 1970), p. 1.

[26]*Ibid.*, pp. 1-2.

[27]*Ibid.*, p. 2.

[28]Texas Alcohol and Narcotics Education, *Tobacco and Health* (Dallas, Texas: Tane Press, 1966), p. 10.

[29]Spillane, *op. cit.*, p. 2.

[30]*Ibid.*, p. 3.

[31]Griffenhagen, *op. cit.*, p. 126.

[32]*Ibid.*

[33]*Ibid.*

[34]*Ibid.*

[35]*Ibid.*

Alcohol

The number one drug of abuse in our society today is alcohol. Alcohol can have a devastating effect not only on the abuser but also on society in general.

When studying the effects alcohol can have on individuals as well as on society, there are several areas worthy of concentration. Some basic areas for consideration may be (1) chemical makeup of alcohol (2) the immediate and long-term effects of the drug (3) why people drink and (4) what our laws say about its use.

Alcohol is erroneously viewed by many as a stimulant, but chemically it can be compared with ether and, like ether, it is a depressant drug. It takes two alcohol molecules minus the water to comprise ether.

Alcohol + Alcohol − Water = Ether

$C_2H_5OH + C_2H_5OH - H_2O = Ether$[1]

Alcohol has been used as a pain reliever and an anesthetic for hundreds of years, although not very effective. One reason is the great variation and different effects it has on individuals. Because of the size, weight, mental state of a person, and general chemical differences in individuals, the dosage cannot be standardized.

Alcohol is a drug that one must learn to drink, just as one must learn to drink coke, coffee, and tea. It contains calories but cannot be considered a food since it has no food value. The beverage does not taste good and causes the mucous membranes of the throat to dry out.

Short-term effects are those which appear rapidly after alcohol is taken and disappear after a few hours or a day. Therefore, the first effect a person has after having taken a drink (not mixed) is to cough because of the dryness of the mucous membranes. After the substance gets into the stomach, if there is no food to slow down the absorption rate, the gastric lining can become irritated and often inflamed. From the stomach, alcohol enters the blood and liver where it is metabolized at the rate of about one ounce per hour, then the many other physical effects that most people are so familiar with begin to occur. The person begins to "unwind," to get into "the swing of things." This is due to the sedation of the cortex and hypothalamus which controls the intellect, inhibition and respiratory centers. A person begins to say and do things they would normally not do if they were not under the influence of the drug. Normally a person functions with the intellect controlling their emotions $\frac{I}{E}$ however, following the administration of certain drugs the emotions control ones intellect $\frac{E}{I}$. For example, a person confined to a recovery room following surgery often says incoherent things that medical ethics will not allow anyone to reveal outside that room. The same may be true with a person drinking alcohol. In both instances what a persons says comes out drug-effected, with the emotions controlling and not the intellect. Other short-term impairments caused by alcohol use include the loss of reaction time. Since alcohol is a depressant drug, it distorts and slows down our motor processes. The reaction loss following one drink is two-fifths of a second and if an individual is driving and the automobile is traveling at 60 miles per hour the vehicle can travel 34 feet before the foot can get from the accelerator to the brake. While driving at night peripheral vision after one drink is narrowed 15 percent on both sides. This could make the difference in missing a car or person that might step in front of the automobile. Also, the ability of the iris to change the size of the pupil opening quickly is diminished so that response change in lignting intensity is impaired. Therefore, a person drinking can be temporarily blinded by the sudden appearance of headlights.

As previously mentioned, the emotions control the intellect impairing proper judgment. At a Blood Alcohol Level (BAL) as low as .02 or .03 the elevation of mood leading to further euphoria destroys the brain's ability to make rational decisions. In fact, our entire body is affected to some extent by even small amounts of alcohol. (See Charts on page 50.)

The long-term effects are those provoked by repeated use of alcohol over long periods of time. A level of physically hazardous consumption is reached (i.e., increased risk of cirrhosis, certain cancers, ulcers, and heart diseases) when a person drinks on the average of 10 centiliters or more of absolute alcohol per day. This is equivalent to nine ounces of 40 percent distilled spirits, 26 ounces of wine, 21 ounces of fortified wines, or six 12 ounce bottles of beer per day.

Alcohol has given over 10 million people in America the excuse for becoming addicts. One of every nine (9) adults who drink becomes an alcoholic.[2] Why some people become addicted and others do not is still unknown; however, the most popular theory points to the variation in the chemical makeup of individuals.

The Addiction Research Foundation defines anyone

who consumes more than 15 centiliters of alcohol per day as an alcoholic. This is equivalent to 14 ounces of whiskey, 37 ounces of wine, 32 ounces of fortified wines, or 9 bottles of beer per day. As a person continues to drink, his tolerance for alcohol increases. Because tolerance develops alcohol dependence, many people continue to drink throughout the day, but seldom seem to be intoxicated. This type of person may work reasonably well. His condition may go unacknowledged until severe physical damage has occurred or until he is confined to a hospital bed undergoing alcohol withdrawal symptoms.

Many heavy drinkers suffer loss of appetite, vitamin deficiencies, stomach inflammation, infections, skin problems, and sexual impotence. Some also develop inflammation of the nerves, liver damage, and disorders of the heart and blood vessels. In severe cases, there may be confusion and/or loss of memory and blackouts. The loss of memory can be permanent.

Rates of death are much higher for heavy drinkers than for light drinkers or abstainers, particularly from diseases of the heart and liver, pneumonia, cancer of the lungs, throat, gullet, mouth, acute alcohol poisoning, accidents, and suicides.

The consistently heavy drinker becomes physically and psychologically dependent on alcohol over a period of time. Physical and psychological dependence also occurs in the taking of other drugs. Physical dependence occurs when the body tissues have adapted themselves to alcohol in order to function "normally." People who are physically dependent on alcohol will have symptoms ranging from jumpiness to tremors and hallucinations when they stop drinking. Psychological dependence occurs when alcohol becomes so central to a person's thoughts, emotions, and activities that it is extremely difficult to stop using.[3]

People may be classified into one of five categories of drinking. There is the 35% of the population who are *non-drinkers*. These people may not drink because of religious reasons, they may not like the taste or they may be arrested alcoholics. Then there is the 5% of the population who are *social drinkers*. We seldom hear about this group because they do not cause anyone any trouble. The last three groups include the remaining 60% of the population. The periodic *excessive drinker* accidentally or on purpose goes on binges and really gets intoxicated. *The progressive excessive drinkers* are those people who control the frequency, but not the quantity they consume. The last category of drinkers is the *alcoholic*.

Although the sale of alcohol is legal in most parts of Alabama and socially acceptable by millions of Americans, people consuming it are still responsible for their actions while under its influence.

The Alabama Law Title 36, Section 2, says, "It shall be unlawful for any person, whether licensed or not, who is a habitual user of narcotic drugs or any person who is intoxicated, to drive a motor vehicle upon any highway of this state." Therefore, a person caught driving and drinking stands a good chance of losing their drivers license, spending up to one year imprisonment (in county or city jail), for the first offense, and paying exorbitant insurance premiums.

When a person has been charged with one Driving While Intoxicated (D.W.I.) offense, assuming his license has not been taken, the individual is considered to be a positive risk by insurance companies. The latest figure quoted for annual insurance premiums in Alabama is $932.00. This only covers $5,000 for personal liability and $10,000 property damage. No collision or comprehensive insurance can be obtained for three (3) years following the arrest and conviction.[4] Title 36, Section 2, further states, "Upon conviction, imprisonment in county or city jail for up to one year or a fine of not less than $100 or more than $1,000 or both can be imposed. The judge can suspend driving privileges for 30 days to one year."

This is a small price to pay when one considers the very real possibility of losing his life or causing the death of another. In the event a drinking driver is responsible for the death of another individual, he can be charged with first degree murder and sentenced to life in prison. This penalty may sound unbelieveable, but as of this date there have been three such convictions in Alabama. The State Attorney General is presently trying to change the law to mandatory first degree murder charges for persons under the influence of alcohol who are involved in an accident resulting in the death of another individual. The greatest court settlement in the United States against a person charged and convicted of D.W.I. involving a death was 1.75 million dollars. Very few, if any, persons licensed to drive an automobile would carry this amount of coverage.[5]

Regardless of the reasons people drink alcohol, or how much we know about the drug itself; people have for hundreds of years and will continue to get "high" by using this substance. We can only hope that a person can control the drug and not allow the drug to control him.

TABLE: Blood Alcohol Level and Related Behavior[1]

No. of Drinks	Blood Level	Behavior
1	.02-.03	relaxation and elevation of mood
2	.05-.06	relaxation, warmth, happiness
3	.08-.09	motor areas affected, balance, speech, vision
	.10	constitutes DWI in Alabama
	.15	legal intoxication
7	.20	entire brain disturbed, loss of motor control, mental confusion
10	.30	severe intoxication
14	.40	unconsciousness
17	.50	deep coma
20	.60	death from respiratory failure

THIS CHART ILLUSTRATES HOW LONG IT TAKES FOR ALCOHOL TO LEAVE THE BODY OF AN AVERAGE INDIVIDUAL*

RESEARCH SHOWS THAT DRIVING IMPAIRMENT CAN OCCUR WELL BELOW THE LEGAL BREATHALYZER LIMIT OF 10%

* 164 POUNDS, GOOD PHYSICAL CONDITION AND SOUND HEALTH.

FOOTNOTE

[1]Father Martin's Chalk-talks on Alcoholism—Maryland State Department of Health: Mental Hygiene — U.S. Navy Human Resource Project.

[2]D.W.I. Counterattack Program — Syllabus — Regional Alcoholism Council, Blount, Jefferson, St. Clair.

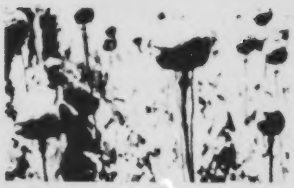
[3]Facts about Alcohol — Addiction Research Foundation of Ontario, Revised Sept. 1975.

[4]Interview with Dr. Allen C. Graves, Assistant Professor, Criminal Justice, U.A.B., January, 1977.

[5]Ibid.

[6]Alcohol — Do You Know Enough About It? Addiction Research Foundation of Ontario, Toronto, Canada.

Narcotics



Usually the term narcotics is applied to drugs which are derived from the opium poppy, *Papaver somniferum*. There are also synthetic drugs that fall into this category. Opium is converted into a morphine base and from this substance such drugs as heroin and codeine are synthesized.

The continued use of narcotic drugs can lead to both physical and psychological dependence. Tolerance development is seen also as a person becomes more dependent on one of these drugs. When the narcotic addict stops taking the drug and withdraws without the aid of medication, this is known as "cold turkey." This is a most painful process and may be one of the chief reasons addicts are hesitant to try to end their habits. It has been reported that a person can be withdrawn physically from heroin within ten days to two weeks; however, the psychological dependency may continue and prohibit a person from "kicking the habit."

The opiate-like drugs act as depressants on the central nervous system. They are very effective as pain relievers as well as causing lethargy, drowsiness and general confusion. Other effects may include constipation, flushing of the skin, depression of the respiratory system and constriction of the pupils of the eyes. Due to the fact that many addicts do not eat properly, malnutrition may be evidenced. Those who use the drugs intravenously may suffer from diseases related to unsterile needles and other paraphernalia. There is, of course, the possibility of death from an overdose.

Morphine is a narcotic drug of abuse which has legitimate medical use. It is most effective as a pain reliever. As for its illegitimate use, morphine produces euphoria and is prominent in the drug abuse scene. Tolerance builds very rapidly and physical addiction can occur along with psychological dependence.

Probably the most popular opiate of abuse is heroin. This drug produces a type of euphoria that makes it the choice of the narcotic addict. It is usually mixed with water or some other liquid and injected. It can be inhaled or taken orally, but mainlining the drug gives the abuser a more desired effect.

The street junkie does not take pure heroin. This drug is usually diluted with substances such as quinine or milk sugar. Many addicts take a concentration of less than five percent heroin. Heroin addiction is a most expensive habit and costs some addicts as much as $100 per day or more. It can be observed readily that as heroin addiction rises in a community, so does the crime rate. Most addicts cannot support their habits financially and may resort to stealing in order to get money for the next fix. Also, the cure rate for heroin is very low and most addicts return to their habits even after undergoing treatment and rehabilitation.

Codeine is another opiate that is abused but usually in the form of cough syrups. Even though it is less potent than heroin or morphine, codeine withdrawal symptoms do occur.

Meperidine or Demerol is a synthetic narcotic which has medical use but is proven to be an addicting drug with street value. Addiction does not develop as rapidly as with morphine or heroin. The drug is used in hospitals for relief of pain and is a common prescription for post-operative surgery.

Darvon is another synthetic drug that is used for relief of pain. There is some controversy surrounding the effectiveness of Darvon as a pain killer. Some medical personnel claim to find aspirin practically as effective, but others argue that this is not true. It is a fact that some drug abusers find Darvon a satisfactory euphoria-producing agent.

Methadone is a synthetic narcotic that has both medical value and demand as a drug of abuse. For many heroin addicts, methadone has been most effective as a drug which eliminates the craving for heroin. Even though a person addicted to heroin may switch to methadone addiction, the controlled dosage does not produce euphoria and a person can become a productive member of society. Because it is an addicting drug, methadone has found its way on the illicit market. Large doses can produce desired "highs" in some people.

There are other substances which could be listed in the narcotics category. The ones described are, however, the most commonly abused narcotics found at the present time in Alabama.

Depressants

Depressant Drugs

Man continually has sought relief from pain and suffering, and even in the most primitive societies one can find instances in which man has turned to drugs by utilizing the plant and aniamal sources in his immediate environment. It was,

however, with the development of methods of organic compound synthesis that this search began to yield fruit. The synthesis of barbituric acid from urea and melonic acid in 1862 proved to be the first step in the development of a long line of barbitals and their subsequent clinical use.

The major response obtained from barbiturates is the depression of the central nervous system as they act upon the cerebral centers. They depress brain function and in large doses upset the rhythm of respiration by depressing the brain centers responsible for its maintenance. When properly prescribed and taken, barbiturates act to relieve tension and anxiety. However, if taken in larger doses they may produce drowsiness or sleep.[1] An interesting phenomenon occurs, however, when barbiturates are combined with certain other drugs. If a moderate dosage of a barbiturate is taken in conjunction with a moderate amount of alcohol, the resulting effect may be much greater than the sum of the two dosages taken separately. This occurrence is called synergism because the action of one drug appears to potentiate the action of another.[2] This can result in an unintentional overdose and can easily prove fatal.

An inevitable characteristic of continued barbiturate use is the development of physical dependence. Addiction is generally thought to have three main features: *Physical Dependence*, "a metabolic demand for a certain substance," is characterized by the occurrence of withdrawal symptoms upon discontinued use of the drug.[3] Barbiturate withdrawal can be extremely dangerous and should be supervised by a physician. The severity of these symptoms depends on the dosage and duration of drug use. Withdrawal symptoms for barbiturates may vary with individuals, but generally can be said to be contrary to the effects caused by the drug. Typically, the symptoms are as follows: The intoxication declines and the patient may become restless, weak and suffer from abdominal cramps, nausea and vomiting. These symptoms will peak around the second or third day and convulsions are generally present at this time. This is the most critical time, as the convulsions, if severe enough, may cause death. Often a physician will be forced to readminister the drug in order to save the patient. Death also may be the result of respiratory failure. Hallucinations and delirium may or may not develop between the fourth and seventh day. These, along with the other symptoms, usually diminish by the eighth or ninth day.[4] *Tolerance* involves the diminishing effect of a drug with repeated exposure to the same dosage. This is really nothing more than cellular adaptation. It appears that one main cause of tolerance is that as the body is subjected repeatedly to the drug, it requires larger amounts to achieve the same effects. It should be mentioned that although one may develop tolerance to the effects of the drug, tolerance for the amount necessary for a lethal overdose develops only to a certain point.[5] *Psychological dependence*, in which a drug seems to satisfy an emotional need of the user, is often treated as a possible third trait common to addiction.

Barbiturates have medical value. They are used for such conditions as high blood pressure, peptic ulcer and spastic colitis. When barbiturates are taken in large doses, restlessness, excitement, delirium and conditions resembling the excitation of an alcoholic may occur. People intoxicated with "downers" are often mistaken for drunks. Disorientation, aggressive behavior, paranoid delusions and hallucinations often develop in severe cases. Barbiturates and amphetamines are often abused simultaneously. A person doing this may take a barbiturate to induce sleep after being on amphetamines and a person may take an amphetamine to offset the barbiturate "hangover."[6]

Tranquilizers differ from barbiturates both chemically and pharmacologically. The primary difference in their action is that tranquilizers can affect a depression in mood, anxiety and motor activity without affecting the patient's state of consciousness. Tranquilizers can be divided into two groups, major and minor, based on their clinical use. The major tranquilizers include phenothiazine and reserpine and have proved useful in alleviating symptoms of certain major psychotic disorders such as schizophrenia. The minor tranquilizers have met with some success in the treatment of certain emotional disorders, relief of anxiety and tension and also have been used as muscle relaxants. They are probably the most widely prescribed group of drugs in the depressant category. Certain tranquilizers are subject to the same precautionary measures as barbiturates. Chronic use of some of the minor tranquilizers can result in physical dependence with withdrawal symptoms similar to those seen with barbiturates.[7]

A word should be mentioned concerning depressants which are classified neither as barbiturates nor tranquilizers. One in particular, methaqualone, is classified as a sedative-hypnotic. Chemically it is not a barbiturate, but its pharmacological effects are remarkably similar. It is prescribed generally for insomnia but it has been combined with various other drugs and used to treat peptic ulcers, obesity, gastroenteritis and a host of other disorders. Although methaqualone's effects are similar to those of barbiturates, it appears to act on a different central nervous system site. The exact mechanism by which it exerts its effects is not fully understood. The chronic user of methaqualone can develop tolerance to its effects and physical addiction is not uncommon. Withdrawal symptoms consist of "headache, anorexia, nausea and abdominal cramps."[8] Again, as with barbiturates, one does not develop complete tolerance to the amount necessary for a fatal overdose. Death may occur from convulsions or respiratory arrest. The action of methaqualone appears to potentiate the action of certain other drugs, notably that of alcohol. A substantial number of deaths have been reported from indiscriminate mixing of methaqualone and alcohol.[9]

FOOTNOTES

[1]Public Health Service, *Sedatives* (Washington, D.C.: U.S. Government Printing Office, 1970).

[2]C.M. Darling, "C.N.S. Depressants," Paper presented at Drug Education Workshop, Auburn University (Auburn, Alabama: Auburn University, June 13, 1972), p. 4.

[3]Daniel A. Girdano and Dorothy Dusek Girdano, *Drug Education: Content and Methods* (Reading, Massachusetts: Addison-Wesley Publishing Company, Inc., 1973), p. 143.

[4]Darling, *op. cit.*, pp. 5-6.

[5]Girdano and Girdano, *op. cit.*, p. 142.

[6]Public Health Service, *op. cit.*

[7]Ray S. Oakley, *Drugs, Society, and Human Behavior* (St. Louis: The C.V. Mosby Co., 1972), pp. 148-155.

[8]Mary Hagar, "Methaqualone Becomes Major Drug of Abuse: Haight Asbury report, *The Journal*, Vol. 2, No. 4 (April 1, 1973), p. 9.

[9]"Methaqualone: Dangerous New Abuse Fad Sweeping West?" *Connection*, Vol. 1, No. 2 (Oakland, California: Institute for Social Concerns, December, 1972), pp. 1-5.

[illegible] An hallucinogen or psychedelic drug is one that has mind-altering properties. There are a number of drugs, most of which are illegitimate, that fall into this category. The user of hallucinogens usually enters into a state which is removed from reality; consequently, this hallucination may cause the person to inflict harm upon himself or others.

Synesthesia (the crossing of the senses) occurs with the use of some hallucinogenic drugs. A person may experience a situation in which he visualizes a sound or hears a color such as red or blue. It is virtually impossible to predict the type of "trip" or experience that one may have and herein lies possibly the greatest danger associated with the use of hallucinogens. Some users return to reality and describe their trips as beautiful, wonderful or use a variety of descriptive adjectives to relate a desirable experience. Others, however, may experience horrifying hallucinations. There is no guarantee that the first users will have the same pleasurable experience the next time they use the drug.

One of the most well-known hallucinogenic drugs is Lysergic Acid Diethylamide, also known as LSD or LSD-25. A common street name for the drug is "acid." LSD is made from a fungus called ergot which is usually found on rye grain. Since the drug has no legitimate use at this time, it is manufactured in clandestine laboratories. These laboratories may be found in the midst of very unsanitary surroundings, thus practically insuring that impurities will be found in the drug. The substance may appear to be a colorless, odorless and tasteless liquid or a white powder. This does not rule out the possibility that other ingredients may be mixed with the drug in order to alter its appearance.

A phenomenon that may occur with the use of LSD is that of the "flashback". This is the reoccurence of an hallucination days or possibly even months after the last dose was taken. LSD does not cause physical dependence, but regular use could lead to a psychological dependency. It is also possible that this regular use may enable the user to develop tolerance to the drug. There have been reports that the regular use of LSD may cause a breakage of chromosomes in the body thereby causing birth defects in children. At present this has not been proven scientifically.

Mescaline is another hallucinogenic drug which is obtained from the peyote cactus plant. Even though physical dependence is unlikely to occur, the user may develop a psychological dependency. It is doubtful that there are many regular users of mescaline simply because it is not readily available. Rarely is mescaline confiscated even though many users think they are using this drug. It is very easy to take LSD or some other combination of psychoactive substances and color them to look like mescaline. Since this drug causes essentially the same sensations as other hallucinogens, the user may not know the difference. Many people who like to use mind-altering drugs have become afraid of the possible damaging effects of LSD. They then turn to what they think is a safe drug and mescaline emerges as a likely substitute.

Psilocybin is a drug which is derived from the Psilocybe mushroom. The reactions to this drug along with the physical and psychological effects are very similar to LSD and mescaline. Psilocybin also resembles mescaline in the sense that it is not easily accessible on the streets.

STP, which stands for "serenity", "tranquility" and "peace", is another illegal psychedelic drug. The chemical name for this compound is dimethoxymethamphetamine, also known as DOM. The drug is reported to be even stronger or more potent than LSD. This may or may not be true but it is certainly a powerful agent. Again, the effects are very similar to the aforementioned hallucinogens.

DMT, dimethyltryptamine, is another in the growing list of hallucinogenic drugs of abuse. It may be found in the seeds of certain types of plants in South America and other areas, but it is also produced synthetically in illegal or underground laboratories. It too may produce a psychological dependency but not a physical dependency.

Another drug which is becoming more prominent as a substance of abuse is phencyclidine or PCP. Unlike many of the other psychedelics, there is legitimate value in PCP. Veterinarians may possibly use the drug as an animal tranquilizer. When converted to street use, the drug becomes a member of the hallucinogenic scene.

Even though THC or tetrahydrocannabinol is normally associated with marijuana, it warrants at least mentioning with the hallucinogens. There are reports of THC being synthesized and used as a preparation within itself. It should be pointed out that this process is very difficult and not easily accomplished in clandestine laboratories. This makes THC very scarce in the drug sub-culture.

There are other chemicals which could be listed as hallucinogens and the number will doubtless become larger. At best the majority of these substances are potentially dangerous offering very few, if any, values.

The cannabis plant, more commonly called marijuana, has been known since prehistoric times. At one time, it was the second leading agricultural crop in the South, grown for its value as hemp to make rope. The cannabis plant will grow in almost any place that any other plant can be grown. It can grow as tall as thirty feet, sometimes growing as much as two feet per week. The leaves may be from two inches to over a foot wide and the branches from two inches to twelve feet long. The number of leaflets in the palmate compound leaves ranges from one to fifteen and can be smooth or serrated.

The potency of the plant is dependent on the parent plant and not on the geographical location where the plant is grown. The female and male plants have similar potencies, their drug content is in decreasing order as follows: bracts (the leaf-like structure surrounding the flower), leaves, small stems and large stems.[1] The seeds have no drug value and can be used as bird feed.

The active ingredient in marijuana that is thought to cause the "high" is delta 9 tetrahydrocannabinol, usually known as THC. This was first identified in 1964 and synthesized in 1966. This chemical is unique to the cannabis plant, *Cannabis sativa, Cannabis indica, Cannabis americana* and *Cannabis mexicana*, refer to where the plant is grown; India, America and Mexico respectively.) Recent research has shown that marijuana contains chemicals similar to those found in tobacco which convert to carcinogens when smoked. It can cause lung cancer and there is also evidence that it may cause emphysema.[2]

The marijuana smoker differs from the cigarette smoker in that he holds the smoke in his lungs for a much longer time and he smokes the "joint" down to a much shorter butt. This short butt is called a "roach" and a clip made from an alligator clamp or any other device used to hold the roach is called a "roach clip". Holding the smoke in the lungs for a longer period of time and smoking the butt down to a very short stub where most of the tars have accumulated, is one of the major reasons cancer and emphysema are beginning to show with marijuana use.

Marijuana can be smoked or eaten. The effects of marijuana when smoked are considerably greater than when eaten because the components of marijuana may in part be destroyed in the digestive tract by intestinal bacteria. The loose marijuana, obtained by the "lid" (about one ounce) or by the "matchbox," is rolled with cigarette paper (sales of cigarette paper have more than doubled in the last five years), then lit and inhaled. The THC is absorbed by the lining of the respiratory tract and enters the bloodstream where it travels to all parts of the body.[4]

The high that results depends on the potency — the amount of THC present in the marijuana. The potency among samples tested has been found to vary over two thousand times. The potency of the plant is dependent on the potency of the parent plant, the stage of maturity and the parts of the plant present, not on the climate in which the plant is grown. (A highly potent plant was grown in a prison closet under an incandescent lamp.) Acapulco gold, marijuana grown near Acapulco, is about one to one and one-half percent THC whereas good "street grass" is about .04 percent THC.[3] The most potent parts of the plant are shredded (manicured) and rolled into a joint, then smoked.

As every person is chemically and physically unique, so is his reaction to smoking marijuana. When smoked, marijuana rapidly enters the bloodstream. At this point, one of two types of trips can occur — good or bad. Since there is no typical pot user, there can be no definition of a typical pot trip although there are factors that affect the trip achieved by a user. They are (1) the emotional attitude of the user (2) the environment in which the drug is used (3) the dosage of the drug and (4) the personality of the user. As for the inexperienced smoker, he probably will experience nothing from the first use of the drug or will imagine symptoms he believes he should feel. This fake high, a high that is achieved without drugs, is called the placebo effect and is very real to the user. Some people have been known to get high by smoking banana peels even though there is no intoxicating agent present.

For the experienced user, the effect of the drug begins a few minutes after a "joint" is smoked and the resulting trip can be pleasurable or very depressing. Most trips are pleasurable and therefore the use of the drug is perpetuated. A good trip generally follows a set pattern. At first, the user develops an inner euphoria where he finds himself dreaming in a state of elation. Following his achieved "high" his environmental stimuli increases. In this state, he can get deep into music where he hears impereceptive sounds and acquires a new appreciation of music. Time slows down, a minute seems like hours.

The sense of touch is highly magnified and he feels things in a new and exciting way. His emotions are amplified and objects take on new meanings and dimensions. Thoughts may become crystal clear, but linger for only a moment and are then forgotten. Often the beginning of a sentence is forgotten before the end is reached. Coming down from the trip generally is slow and occurs over a period of three to five hours, although this varies among individuals. Unlike alcohol, some users are able to come down from a high voluntarily when conditions are normal for him; but when he is in an unfamiliar environ-

ment or a stress situation, he is unable to make rational decisions.

A "bummer" is a trip that occurs when the user does not achieve the expected results. Instead of achieving the euphoria desired, the opposite occurs. The user becomes depressed and experiences self-pity, sometimes bordering on suicidal tendencies, although the latter is rare. (Hallucinations sometime occur when the marijuana is exceptionally potent or has been laced with some hallucinogenic drug such as LSD.)

Concentrated marijuana research is just beginning and interesting results are coming to the surface. One symptom that seems common to many chronic users is memory lapses. The user will have no recollection of certain periods of time. He might remember getting up and brushing his teeth and all of a sudden he is eating lunch. He has no recollection of what happened in-between. The amotivational syndrome, where the regular user loses interest in everything worthwhile and drops out of society, is a major concern and seems to be common to most chronic users. In this condition the user loses interest in his grades, his dress, his friends and becomes totally involved in continuing his marijuana use.

The physical effects of marijuana vary from user to user, but several seem common to most marijuana users when they "toke up a joint." Cannabis affects the eyes in several ways. Bloodshot eyes seem common to all users. Paralysis of the ocular muscles which control eye movement has been reported. This could be due to the fact that one of the six known pharmacological active components in cannabis, the propyl analoge of THC, produces atropine-like effects.[6] (Atropine is a chemical derived from belladona and is used to relieve muscle spasms and dilate the pupil of the eye.) Experimentally, glaucoma has been successfully treated with marijuana, but other drugs are more effective. Birth deformities have occurred in rats when cannabis was administered to them.

Evidence is beginning to appear indicating that the continued use of marijuana may inhibit the production of enzymes in the liver. It appears that regular marijuana use causes the liver to be less effective in metabolizing drugs used medically; thus there is danger of overdose of regular medication due to the inhibiting effect of marijuana on the liver. This is not due to the THC, but from one of the other substances in the resin of the cannabis plant, cannabidiol.[7] A regular user of marijuana would be wise to advise his doctor of his condition when medication is necessary. One of the most unusual reported effects is the enlargement of breasts in males (gynecomastia) caused by the chronic use of marijuana. The delta 9 tetrahydrocannabinol is very similar to the female hormone estradiol and when taken in high dosage over a long period of time could cause a feminizing effect on a male user although it seems to be ineffective in females.[8]

Evidence of cerebral atrophy among consistent marijuana users is beginning to appear. Consistent use of marijuana seems to cause serious brain atrophy, comparable to the atrophy that normally takes place between ages 70 to 90. The brains of monkeys given isotopes labelled cannabinols showed that after twenty-four hours the drug had spread throughout the brains. The fat solubility of the cannabinoids accounts for its accumulation in nerve tissue and the brain due to the high fat content of these. Chronic use of marijuana seems to produce symptoms similar to those of encephalitis lethargica — an inflamation of the lining of the brain which causes extreme lethargy (total indifference), reversal of sleep rhythms, hallucinations and loss of memory. This brain atrophy is compared to damage incurred when the brain receives a severe blow; the resulting damage is irreversible.[9]

In experiments comparing the effects of cannabis and alcohol on driving, it was found that cannabis users had more errors and slower performance than the alcohol user when given equivalent intoxicating doses.[10]

Hashish is the dried resinous exudate of the cannabis plant. It is usually seen as a hard, brown lump (the darker the exudate the more potent the hash). The hash may be smoked or eaten. When smoked, a water pipe (hookah) is used in order to cool the smoke. The effects of hash are more violent when eaten since the smoker can regulate the amount of intoxication by spacing his intake but the eater must await the action of the digestive system.[11]

The effects of small dosages of hashish are agreeable inhibitions, a sense of well being and stimulation of the mind. In stronger doses, feelings of oppression and discomfort followed by hilariousness and noisy delirium are often seen in persons with cheerful dispositions, but delirium of extreme forms occur in persons of violent dispositions. In large dosages, wild excitement, mental confusion, acts of violence and a characteristic crazy laugh may result. This is followed by a stupor and great fatigue on awakening accompanied with depression which lasts for several days.[12]

The resin of the cannabis plant contains the highest concentration of tetrahydrocannabinol and is the most powerful form of cannabis in use. Tolerance to hashish develops only slightly and physiological dependence does not occur. Withdrawal symptoms occur to a slight degree when the chronic user abruptly stops using the drug and are much less severe than withdrawal from opiates or barbiturates.[13]

Many things have been said and written about marijuana. The ideas, attitudes and facts depend on the source that is read and vary from harmless to very harmful. At this time, there is not enough hard-core evidence to swing the marijuana pendulum in either direction, although recent evidence indicates that marijuana may be more dangerous than alcohol or tobacco. Research on the cannabis plant and the effects of marijuana on the user is in its infancy.

FOOTNOTES

[1]*Symposium Proceedings on Drug Alert '71* (Birmingham, Alabama: Oxmoor Press), p. 33.

[2]Norman J. Doorenbos, University of Alabama, Tuscaloosa, June 21, 1973. (Interview).

[3]*Hearings before the Subcommittee to Investigate the Administration of the Internal Security Act and Other Internal Security Laws of the Committee on the Judiciary United States Senate*, James O. Eastland, Chairman, "World Drug Traffic and Its Impact on U.S. Security" (Washington, D.C.: Government Printing Office, 1972), p. 201.

[4]Norman J. Doorenbos, Auburn University, Auburn, Alabama, June 20, 1973. (Lecture).

[5]Symposium, *op. cit.*, p. 36.

[6]Eastland, *op. cit.*, pp. 228-229.

[7]Eastland, *op. cit.*, p. 211.

[8]Osborn Elliott, "Pot Bust," *Newsweek*, April 2, 1973, pp. 65-66.

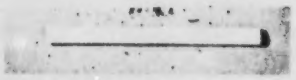
[9]Eastland, *op. cit.*, p. 213.

[10]*Ibid.*, pp. 223-224.

[11]Richard R. Lingeman, *Drugs From A to Z; A Dictionary* (New York: McGraw-Hill Book Company, 1969), pp. 94-95.

[12]Eastland, *op. cit.*, p. 233.

[13]Lingeman, *loc. cit.*



Despite the fact that the Surgeon General has determined cigarette smoking to be dangerous to your health, the American public continues to smoke at an increasing rate. The discovery that smoking is a hazard to health is the result of over thirty years of research and is supported by every medical and health agency in the world. Besides cigarette smoking being the major cause of lung cancer, it is also linked with heart disease, circulatory impairment, chronic bronchitis and pulmonary emphysema. "Too few smokers realize the degree and extent of health damage associated with cigarette smoking. 'Early morning hacking' and 'smoker's coughs' are so common that millions of Americans consider these 'normal', rather than signals that warn of damage to the body. Each day in the United States, 250 people die from heart attacks, 100 from lung cancer and 150 from other cigarette-related diseases."[1]

Although tobacco contains more than a hundred compounds, nicotine, a poisonous liquid, is its principal agent and produces the drug effect that makes smoking habit-forming. If 50 milligrams of nicotine were injected into a vein, the results could be fatal to a human being. But a person could not reasonably smoke enough cigarettes at one time to die of nicotine poisoning. The nicotine content of tobacco varies according to the season and variety of plant and usually accounts for two percent of the tobacco.[2] Actually though, only a very small amount of that even reaches the body. The nicotine found in cigarette smoke paralyzes the action of the cilia that line the bronchial tubes and eventually causes them to disappear altogether. This is really disasterous since the wave-like motion of the cilia propels the mucus that traps foreign materials toward the throat where it can be removed. The smoker's cough is a result of this action.

In addition to nicotine, tobacco smoke also contains carbon monoxide gas and carcinogens, cancer-causing materials. Although the amount of carcinogenic chemicals found in tobacco is small, they cause constant irritation and over a period of time can change normal cells into cancerous cells.[3] As the smoke travels through the trachea to the bronchial tubes and into the lungs, carcinogenic particles are deposited along the way. The accumulation is especially abundant on the lining of the bronchial tubes. This is where most cases of human lung cancer originate. If you inhale the smoke of a pack of cigarettes a day, you will inhale eight quarts of cancer-producing tar in ten years.[4] Interestingly enough, the risk of lung cancer increases with the duration of smoking and number of cigarettes smoked per day, but is diminished by discontinuing smoking.

Tobacco smoking affects the body in many other ways. The beginning smoker may feel dizzy and nauseated because nicotine affects the vomiting center in the brain (medulla) and the labyrinth which helps maintain body equilibrium. Tolerance to this later develops. Smoking, by causing constriction of the blood vessels of the skin, causes a decreased blood flow to the skin. It also places an extra strain on the heart by increasing blood pressure and heart rate. Many pregnant women do not realize that when they smoke, their babies smoke with them; the nicotine undoubtedly passes from the placenta of the mother into the unborn child.[5]

Pipe and cigar smoking is not as hazardous to health as cigarette smoking and the overall death rate is about equal to those of a nonsmoker if the smoke is not inhaled. But for those who smoke heavily or inhale, the health hazards are even greater than those of cigarette smokers. The risk of developing lip cancer and cancer of the mouth and esophagus is especially great among pipe and cigar smokers.

Research is underway to help the smoker quit, cut down on smoking or at least make it safer. There are non-tobacco products on the market that are made from vegetable leaves that do not contain nicotine but do produce tars. Some cigarettes have a lower tar and nicotine yield and the filter tip found on many brands helps eliminate the tar. The smoker would help himself if he would not smoke the cigarette all the way down because the tar and nicotine become trapped near the end. If he could give up cigarettes completely, he would feel better, breath easier and live longer.

TOBACCO

FOOTNOTES

[1]Kenneth T. Jones, Louis W. Shainberg, and Curtis O. Byer, *Drugs, Alcohol and Tobacco* (San Francisco: Canfield Press, a department of Harper & Row, Publishers Inc., 1970), p. 85.

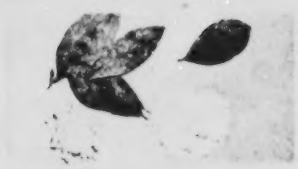
[2]Texas Alcohol Narcotics Education, Inc., *Tobacco and Health* (Dallas, Texas: Tane Press, 1966), p. 25.

[3]Jones; Shainberg, and Byer, *op. cit.*, p. 88.

[4]Texas Alcohol Narcotics Education, Inc., *op. cit.*, p. 27.

[5]*Ibid.*, pp. 26-27.

Stimulants



Stimulants, substances which excite the nervous system, were frequently used by early man for religious and cultural reasons. With the advent of modern pharmaceutical methods the number of stimulants has proliferated as have our reasons for using them. Some common stimulants are cocaine, amphetamines, dextroamphetamines, and methamphetamines. The most widely used stimulant in this country is caffeine which is found in coffee, tea, cola, etc. However, these beverages are socially acceptable and are not abused.[1]

One of the most dangerously abused stimulants is cocaine. It is a derivative of the coca plant found in certain South American countries. Cocaine is an odorless, white powder producing a bitter sensation when tasted. It is a short-term, local anesthetic and must be injected intravenously or sniffed every five to fifteen minutes to maintain the effect. Physical dependence and tolerance do not occur, and although a lethal dose is possible, it is uncommon. Chronic use may result in loss of appetite, malnutrition, paranoia and hallucinations. As the effects of cocaine wane, there is a period of depression. For the most part, cocaine's therapeutic use declined sharply after the discovery of Novocain in 1905.

Amphetamines stimulate areas of the nervous system that control blood pressure, heart, respiratory and metabolic rates. All of these are increased. Once taken into the body, these drugs resemble epinephrine and norepinephrine which are natural body hormones. Since amphetamines are so similar to these hormones, they can act on the body in two ways: (1) by imitating the natural hormones and their effects on nerve endings and or (2) causing an increase in the release of natural hormones.[2] All of the body senses overact and are kept in a state of tension for a lingering period of time. Amphetamines are usually taken orally in pill form; however, abusers have been known to "shoot up." Pills can also be ground into power and sniffed.

The stimulating effect that amphetamines have on the body is one of the main reasons for its use in medicine today. Amphetamines also have been used widely in the treatment of hyperactivity in children. This, at first, appears to be paradoxical, but although the specific mode of action is not fully understood, amphetamines have had a significant degree of success in exercising a balancing effect on hyperactive subjects. One of the side effects which is characteristic of amphetamine use is a loss of appetite. It has proved useful only in short-term weight loss programs since tolerance to the appetite depressant soon develops. Finally, amphetamines have been successful in the treatment of narcolepsy, a rare affliction in which the subject is unable to stay awake for more than a short period of time.

Methamphetamine (speed) has many of the same effects of cocaine and is just as dangerous when abused. It is especially dangerous when taken intravenously since this intensifies its effects. Speed has a more pronounced influence on the central nervous system than amphetamines and has fewer effects on the surrounding nerve area. Once a tolerance has built up, death from overdose is uncommon.

Stimulants are not thought to be physically addicting, although tolerance often occurs. Upon the abrupt cessation of their use, certain regular symptoms are common—overeating, severe depression and fatigue. The duration of these symptoms is about one week. Fatal overdose from stimulants is rare; the majority of deaths associated with abuse of these are caused by related factors—hepatitis, violence, etc.[3]

FOOTNOTES

[1]Winn, Mitchell K., ed., *Drug Abuse: Escape to Nowhere* (Philadelphia: Smith Kline & French Laboratories, 1970), p. 35.

[2]Public Health Service, *Stimulants* (Washington, D.C.: U.S. Government Printing Office, 1970).

[3]Oakley, Ray S., *Drugs, Society and Human Behavior* (St. Louis: The C.V. Mosby Company, 1972), pp. 161-172.

Volatile Substances

The abuse of volatile substances poses a serious threat to our society because the practice is so widespread among young people between the ages of eight and eighteen. For these youngsters who desire a "high," inhalants such as glue, gasoline, lighter fluid, paint thinner, nail polish remover, cleaning fluid and spray deodorants are inexpensive and readily available. Airplane glue used for model building is the most abused inhalant.[1] The popular way to use it is to pour it on a handkerchief or into a plastic or paper bag which may be placed over the nose or mouth.

Tolerance to solvents rapidly develops and the chronic user may find that he now needs several (up to twenty) tubes a day to achieve a high. Since glue is relatively cheap compared to other drugs of abuse, a big habit is easy for the youth to maintain. But as the abuser's tolerance grows, so does his psychological dependence.

The mood-modifying drugs found in glue and other inhalants are highly volatile at low temperatures which means they easily pass from a liquid to a vapor state. Once vaporized, the drug passes from the lungs to the bloodstream where it travels quickly to the brain and nervous system. The most common of these drugs is toluene although there are many others — naphtha, benzene, carbon tetrachloride.[2] The effects of these drugs appear almost immediately and usually last anywhere from thirty to forty-five minutes. The user's behavior at this time closely resembles the early stages of alcohol intoxication — excitement, euphoria, cheerfulness. But as more of the solvent is inhaled the user may experience dizziness, slurred speech, staggering and disorientation which may lead to the sniffer finally passing out. Although it is rare, sudden cases of death have been attributed to the prolonged inhalation of fumes and suffocation. Usually the effects of the drug are short-lived and often the abuser does not remember what he did or said while intoxicated. Hallucinations can occur and violent reactions while under the drug's influence have been observed.

A chronic glue sniffer may exhibit several characteristics — bad breath, frequent coughing, lack of energy, weight loss, spitting due to the excess salivary secretions (a result of the solvent vapors' irritation of the mucous membranes of the nose and mouth), insomnia and nausea.[3] The long-term usage of volatile substances can cause liver and kidney damage, possible brain damage, swelling and irritation of the mucous membrane and chemical pneumonia. Also, people who have inherited a blood disease such as sickle-cell disease frequently develop severe forms of anemia.[4]

Manufacturers of these volatile substances are attempting to prevent abuse of their chemicals by the addition of certain irritating substances such as synthetic oil of mustard or pepper. Possibly some non-intoxicating solvents will be used to replace some volatile substances; however, not much can be done to alleviate the use of glue, gasoline, kerosene and other related volatile substances.

VOLATILE SUBSTANCES

FOOTNOTES

[1]Harvey R. Greenberg, M.D., *What You Must Know About Drugs* (New York: Scholastic Book Services, 1970), p. 27.
[2]*Ibid*, p. 26.
[3]Kenneth T. Jones, Louis W. Shainberg, and Curtis O. Byer, *Drugs, Alcohol, and Tobacco* (San Francisco: Canfield Press, a department of Harper & Row, Publishers, Inc., 1970), p. 22.
[4]Mitchell Winn, *Drug Abuse: Escape to Nowhere* (Philadelphia: Smith Kline & French Laboratories, 1970), p. 43.

THE VALUE OF DRUGS

The value of drugs is an important area for discussion because today, when one thinks of drugs, drug abuse often comes to mind. Even though drugs have been abused, they still have great medicinal value for our society. The decreased incidence and greater control of disease have resulted from the development of more and better drugs. Due to the development of drugs, some communicable diseases that were the leading causes of death fifty years ago no longer top the list. Since 1900, the overall mortality rate has dropped about 45 percent. Life expectancy in 1900 was about forty-seven years; it is now about seventy years. Life expectancy at birth has increased by ten years since 1937.[1]

This subject may be divided into four major areas: drugs for the prevention of diseases, drugs for the treatment of diseases and physical disorders, drugs for relief of pain and emotional disorders and drugs that are aids to medical treatment processes.

Drugs for the Prevention of Disease

Today, one might use drugs daily to maintain good health. Research has shown that vitamins and minerals are essential to the human body for health and growth. Preparations of these substances are available in numerous forms and combinations.

Good levels of health probably make people less susceptible to infection, but the most satisfactory protection is provided by immunizations. The fact that immunization is available does not always mean that it will or should be used. For example, smallpox vaccination is no longer a requirement for entering school in the State of Alabama. Immunity is the resistance of the body against infections. It may be present at birth, which is called *inborn natural immunity*, or it may be acquired during the lifetime of the individual.[2] See the following chart for the commonly recommended immunizations for adults and children.[3]

Commonly Recommended Immunizations for Children

Disease	Prevalence	Immunization	Who Needs	Dosage	Booster
Poliomyelitis	Among those with low immunization rates. Vaccines have almost eliminated disease.	Live, modified polio virus vaccine (OPV), by mouth.	Children, 6-12 wks. old. Infants usually get at same time as DPT.	3 dose series: first two, 6-8 weeks apart: last, 8-12 mos. later.	Single dose on entering school.
Diptheria-Tetanus-Pertussis (whooping cough)	Localized outbreaks. Incidence has declined with routine immunization.	Combined toxoids and vaccine. DPT (3-in-1 shot) injected into muscle.	Children, 2 mos. 6 yrs. Ideally given at usual 6-wk. checkup.	3 doses at 4-6 week intervals. Booster 1 year later.	Children, 3-6 yrs. preferably at time of school entrance.
Measles (Rubeola)	Among unvaccinated children. Occurs in epidemics.	Live, modified measles-virus vaccine injected under skin.	Children over 1 year, especially those with chronic illness.	Single shot.	None needed.
Rubella (German measles)	Among school children, especially in winter and spring. Mild in children but can damage fetus of women infected early in pregnancy	Live, modified rebella-virus vaccine injected under skin.	Children 1 year to puberty. Top priority for kindergartners and early graders.	Single shot.	None needed.
Mumps	Among young school children. Highly communicable.	Live modified mumps-virus vaccine injected under skin.	Children over 1 yr. (especially those nearing puberty), adolescents and men. Not to be given with other immunizations.	Single shot.	None needed.
Smallpox	Endemic, though decreasing in Asia, Africa, South America. Routine vaccination has virtually eliminated disease in U.S.	Pressed into outer skin layer with needle or injected into skin.	Children between ages 1 and 2 and at school entrance. All travelers returning to U.S. from most foreign countries.	Single dose.	Revaccination every 10 yrs. Necessary every 3 yrs. for international travel.

Commonly Recommended Immunizations for Adults and Travelers

Disease	Prevalence	Immunization	Who Needs	Dosage	Booster
Smallpox	Endemic, though decreasing, in Asia, Africa, South America. Routine vaccination has virtually eliminated disease in U.S.	Pressed into outer skin layer with needle or injected into skin.	All travelers returning to U.S. from most foreign countries.	Single dose.	Revaccination every 10 yrs. Necessary every 3 yrs. for international travel.
Influenza	1968-69 epidemic. Epidemics in two to three year cycle.	Combined Hong Kong and Type B vaccine injected under skin.	Older persons; people with chronic debilitating conditions. Not for those hypersensitive to eggs.	2 doses, 6-8 weeks apart.	Single doses for high-risk persons who regularly get flu vaccines.
Typhoid	Endemic in poorly sanitized areas. Fewer than 400 cases annually in U.S.	Vaccine injected under skin.	Travelers to typhoid areas; persons exposed to known carrier or regional outbreak.	2 shots 4 weeks apart.	For continued or repeated exposure every 3 years.
Yellow Fever	Africa and South America.	Live, modified vaccine (17D) injected under skin.	Travelers to yellow-fever area. Must be given at Public Health Service vaccination center.	Single shot.	Revaccination every 10 years.
Cholera	South and Southeast Asia, Middle East. Occurs in endemic (native to region) and epidemic form.	Vaccine injected under skin or into muscle.	Persons traveling to or from cholera countries (list available from U.S. Public Health Service).	Single shot; 2 doses a month or more apart for extended travel in cholera areas.	Every 6 mos. when likelihood of exposure exists.
Typhus	Primitive mountainous area with cold climate. No U.S. epidemic since 1922.	Vaccine injected under skin.	Special-risk groups only. Not required as condition of entry by any country.	2 shots, 4 wks. apart.	Single shot every 6-12 mos. if exposure persists.
Plague	Parts of Asia, Africa, South America. Occasionally in western U.S. Vietnam now peak plague area.	Vaccine injected into muscle.	Persons traveling to Vietnam, Cambodia, Laos or who have contact with wild rodents in other plague areas.	3 shots about 4 wks. apart. Same for children under 10 but smaller doses.	Every 6-12 months when risk of exposure persists.

Not listed on the chart is rabies, an acute infectious disease transmitted from animals to man and from animals to other animals by a virus. There are no drugs or chemical agents that can combat this infection once symptoms appear. However, the use of vaccine and antiserum after exposure and before symptoms appear is most effective. In areas where the disease is prevalent among the animal population, every animal biting a human being should be suspected. In recent years vaccines have been developed that produce fewer undesirable reactions.[1]

Disinfectants or antiseptics are chemical substances used to kill or slow down the activity of bacteria and other organisms which cause disease. Disinfectants are used to clean and sterilize instruments and utensils, clothes and rooms. They have a limited value in controlling the spread of epidemics.

Bleaching powder, chloride of lime or sodium hypochlorite, is widely used for purifying water. It also kills bacteria on contaminated objects which are scattered about an infected area. Carbolic acid, or phenol, disinfects body discharges and dirty rooms. Certain preparations of it can be used to sterilize clothing and utensils. It was once used to disinfect the skin but this practice is no longer observed. Formaldehyde, in a water solution, disinfects clothing and body discharges. Mercuric chloride,

bichloride of mercury or corrosive sublimate, is used to disinfect hands and other parts of the body which do not have cuts or openings. It should never touch a mucous membrane. Potassium permanganate is used to disinfect sinks, drains and water pipes. It can destroy organic matter. Surgeons use water solutions of potassium permanganate to disinfect their hands. Iodine, as a disinfectant, is available in the form of tincture of iodine but one must be sure not to cover a part that has been disinfected with it because it will cause a severe burn. In unclean wounds and animal bites, iodine should be used freely. It is safer in minor injuries to use 2 or 4 percent solution of Mercurochrome. Other disinfectants commonly used are Merthiolates, Metaphen and Zephiran.[8] Some doctors discourage the use of antiseptics in first aid and suggest that first aid treatment be limited to cleaning a wound, applying a sterile dressing and controlling bleeding. In medicine the internal use of antiseptic drugs is limited. The antiseptics in mouth washes and gargles have little antiseptic action when used in the strength humans can tolerate.[7]

All disinfectants should be carefully labeled, used cautiously and kept out of the reach of children.

Drugs for the Treatment of Diseases and Physical Disorders

Because of the availability of the sulfonamides in the 1930's, penicillin a decade later and the broad-spectrum antibiotics in the 1950's, it is possible to prevent many infections and treat successfully many others for which there are no vaccines. Chemotherapy occasionally is considered preferable to incurring the slight risk involved in using some vaccines, especially those that are not very efficient. Chemotherapy is the use of chemicals to treat disease. A desirable chemical or drug is one that destroys the parasite without doing too much damage to the host.[7] The two major groups of antibacterials are the sulfonamides (sulfa drugs) and the antibiotics. The sulfonamides are made synthetically, but the antibiotics are usually obtained from living organisms. There is a variety of compounds in each group, some of which are more effective for one kind of pathogen (agent capable of producing disease) than for another.

Physicians may use sulfa drugs and antibiotics together because the sulfonamides are not effective against all bacteria. The sulfonamide drugs are used to treat diseases such as meningitis, dysentery, blood poisoning and infections of the respiratory and urinary systems as well as those of the skin. These infections can cause permanent damage to such organs as the brain, middle ear, heart and lungs. The modern application of antibiotics began with the use of penicillin, but it is not a "cure-all" for every infection. It is especially useful in combating scarlet fever, the more common types of blood poisoning, boils, carbuncles, bone infections and the disease germs that cause most types of pneumonia. Penicillin is also valuable for treating gonorrhea and syphilis.[9]

Streptomycin is an antibiotic substance which has proved to be an effective drug against tuberculosis, partially effective against whooping cough, some forms of pneumonia, dysentery, gonorrhea and syphilis. Prolonged use of streptomycin in some cases has produced vertigo (dizziness) by having a toxic effect on the auditory nerve, and kidney and liver damage may occur when taken in large doses.[9]

Another group is the broad-spectrum antibiotics, so called by doctors because these drugs are useful in treating a wide variety of diseases. Chloromycetin, Aureomycin, Terramycin and tetracycline stop the growth of or kill more different kinds of bacteria than either penicillin or streptomycin. These drugs are used in treating pneumonia, whooping cough and infections of the stomach and intestines. Newer antibiotics are especially useful against germs that cease to be affected by, or develop resistance against, penicillin or the broad-spectrum antibiotics.[9]

Many drugs have been found which are capable of subduing or controlling epilepsy, among them are the derivatives of phenobarbital. Especially valuable is Dilantin. These drugs must be prescribed by a doctor and are usually chosen by the doctor according to their successful use with the individual patient.[9]

There is no cure for diabetes but proper treatment can prolong life and most diabetics can live much like everyone else. Treatment in the young still requires the injection of insulin. Insulin must be present for glucose to pass through cell membranes; it is this simple form of sugar that is used by cells for energy. Four-fifths of all cases of diabetics develop symptoms after thirty years of age. These are frequently controlled by modified regimens of diet and exercise and weight reduction in cases of obesity. Oral medication, which lowers blood sugar levels, may be prescribed (hypoglycemic compounds). The older adult with severe diabetes may, like the young, require insulin by injection.[11]

Allergy is a body reaction that occurs in persons who are sensitive to certain substances. There is no complete cure for an allergy. A person may be able to avoid the symptoms of a particular allergy by avoiding the allergen that causes it, but he still remains allergic to the substance. Detections of specific allergens usually require the skill of an allergist who is a medical specialist. If the allergen cannot be avoided, the physician may give the patient drugs to relieve his symptoms. Such drugs include the antihistamines, cortisone or in some cases, ACTH.[14]

For asthma, most doctors prescribe one or more of such drugs as adrenalin, aminophylline and ephedrine to relieve its symptoms. Adrenalin is sometimes injected to control a severe attack. Other drugs, including ACTH and cortisone, prove necessary in some cases of asthma.

A physician may hyposensitize the patient to the substances that cause asthma in the individual. This treatment involves small injections at regular intervals of a preparation made from substances to which the person is allergic. The doctor gradually increases the strength of the injections until the patient's body has built up resistance to the substances.[15]

The three most important kinds of heart disease are (1) arteriosclerosis, or hardening of the arteries (2) hypertension, or high blood pressure and (3) rheumatic fever, which often leads to rheumatic heart disease later in life. Specific treatment for arteriosclerosis has not been established. Doctors generally recommend good hygiene, the avoidance of excesses of all kinds and particularly freedom from stress and worry.[16] For hypertension, suitable sedative drugs may be prescribed to control excessive excitement. Many new drugs are now available for use in high blood pressure, including Diuril®, guanethidine, and Alpha-Dopa.[17]

Drugs for the Relief of Pain and Emotional Disorders

Aspirin is the most common analgesic or pain reliever. It helps relieve pain in headaches, arthritis and rheumatism and reduces fever in virus attacks and other infections. It acts as a mild sedative for some persons.[18]

Morphine is a narcotic used to relieve severe pain and to treat several other medical problems. In the United States federal laws prohibit the use of this drug except when prescribed by a physician. Morphine makes severe pain bearable and moderate pain disappear. The drug also stops coughing and diarrhea, checks bleeding and may help one to sleep. Because of its addictive properties, doctors prescribe morphine only if other medicines fail.[19]

At the turn of the twentieth century, bromides were being used to combat sleeplessness, anxiety and minor pain. But with the discovery of sedative derivatives of barbituric acid in the late 1800's, bromides were gradually replaced with these more recent drugs.[20] Barbiturates, the largest group of sedatives, are used to calm people or make them sleep. They reduce the activity of the brain and the rest of the nervous system. They also vary in strength and duration of their effects. Properly prescribed and taken as directed in small doses, they relieve tension and anxiety. In large doses they produce drowsiness and sleep. They are also used medically for such psychosomatic conditions as high blood pressure, peptic ulcer, spastic colitis and other psychophysiological disorders.[21] Surgeons use a few barbiturates as anesthetics. Phenobarbital and some others with long-lasting effects help prevent epileptic seizures. Barbiturates are sometimes used to relax mentally ill patients so that they can discuss their problems with a psychiatrist.[22]

The term "tranquilizer" refers to a rather large group of drugs introduced in the early 1950's. Unlike barbiturate-type sedatives, tranquilizers can be used to counteract tension and anxiety without producing sleep or significantly impairing mental and physical functions. They may be divided into two groups — major and minor — based on their usefulness in severe mental disorders (psychoses). Major tranquilizers are those with antipsychotic activity. Some are used to treat blood pressure. The minor tranquilizers are widely used in the treatment of emotional disorders characterized by anxiety and tension. Many are useful as muscle relaxants.[23]

Methadone is a drug used in experimental programs to help people overcome addiction to such narcotics as heroin, morphine or opium. Methadone itself can cause addiction with symptoms similar to those of heroin addiction. But if a person already addicted to heroin, morphine or opium takes methadone, physically he no longer craves or even enjoys the other drugs. Methadone must be taken orally to produce these effects. If methadone doses are stopped, former drug cravings return. As a result a former heroin addict may have to take methadone for the rest of his life.[24]

Amphetamines were first used to treat colds because they shrink the nasal membranes and give temporary relief to "stuffy" nasal passages. More effective drugs with fewer side effects are now used for this pur-

pose. Amphetamines are now mainly prescribed for narcolepsy (overwhelming episodes of sleep during waking hours), depression and appetite control. Physicians also prescribe them to ward off fatigue during dangerous and prolonged tasks. Paradoxically, these drugs are sometimes used in the treatment of hyperactive children with certain behavioral disorders. The most commonly used stimulants are amphetamine (Benzedrine), dextroamphetamine (Dexedrine), and methamphetamine (Methedrine).[25]

Drugs that are Aids to Medical Treatment Processes

Ether is a colorless, sweet-smelling liquid that can be made by the action of sulfuric acid on alcohol. The fumes of this liquid will make a person lose consciousness if he breathes enough of them. Ether fumes bring on such a deep unconsciousness that major surgical operations can be performed on persons under this drug. Ether is considered a safer anesthetic than chloroform. It was used almost exclusively for major surgical operations in the United States until other anesthetics became available.[26]

Novocain is a drug used as a local anesthetic. When injected, Novocain paralyzes nearby nerves for a short time. The paralysis usually leaves no permanent or damaging effect. Novocain is not habit-forming and is rarely poisonous. Dentists often inject Novocain into the gums before pulling or filling teeth.[27]

Cocaine, a stimulant, is a powerful drug made from the leaves of the coca shrub that relieves fatigue and provides a feeling of well-being. Physicians once used it as an anesthetic, but its medical value today is obsolete.[28]

VALUE OF DRUGS

FOOTNOTES

[1]The University of the State of New York, State Department of Education, Curriculum Development Center, *Health Curriculum Materials for Grades 7, 8, 9* (New York: The University of the State of New York, 1970), pp. 27-28.

[2]James H. Otto and Albert Towle, *Modern Biology* (New York: Holt, Rinehart and Winston, Inc., 1973), p. 269.

[3]Barbara Osborn Henkel, *et al., Foundations of Health Science*, 2nd ed. (Boston: Allyn and Bacon, Inc., 1971), pp. 313-314.

[4]*Ibid.*, pp. 327-328.

[5]"Disinfectants," *World Book Encyclopedia*, 1973, V., 191.

[6]Max M. Rosenbert, M.D., *Encyclopedia of Medical Self-Help* (New York: Books, Inc., 1967), pp. 37 and 545.

[7]"Antiseptic," *World Book Encyclopedia*, 1973, I, 520.

[8]Henkel, *loc. cit.*

[9]"Antibiotics," *World Book Encyclopedia*, 1973, I, 511.

[10]F.E. Shideman, M.D., Ph.D., *Take As Directed* (Ohio: The Chemical Rubber Co., 1967), pp. 243-244.

[11]"Antibiotics," *op. cit.*, p. 514.

[12]Morris Fishbein, M.D., *The Handy Home Medical Adviser* (New York: Doubleday and Company, 1953), pp. 310-311.

[13]Barbara Osborn Henkel, *Community Health* (Boston: Allyn and Bacon, Inc., 1970), pp. 77-78.

[14]"Allergy," *World Book Encyclopedia*, 1973, I, 357-358.

[15]"Asthma," *World Book Encyclopedia*, 1973, I, 783.

[16]Morris, *op. cit.*, pp. 270-271.

[17]*Ibid.*, p. 280.

[18]"Aspirin," *World Book Encyclopedia*, 1973, I, 773.

[19]"Morphine," *World Book Encyclopedia*, 1973, XIII, 670.

[20]Daniel A. Girdano and Dorothy Dusek Girdano, *Drug Education: Content and Method:* (Reading, Massachusetts: Addison-Wesley Publishing Company, 1972), p. 134.

[21]Public Health Service, *Sedatives* (Washington, D.C.: U.S. Government Printing Office, 1970).

[22]"Barbiturate," *World Book Encyclopedia*, 1973, II, 76.

[23]National Education Association, *Drug Abuse: Escape to Nowhere* (Pennsylvania: Smith Kline and French Laboratories, 1970), p. 34.

[24]"Methadone," *World Book Encyclopedia*, 1973, XIII, 358.

[25]Public Health Service, *Stimulants* (Washington, D.C.: U.S. Government Printing Office, 1970).

[26]"Ether," *World Book Encyclopedia*, 1973, VI, 291.

[27]"Novocain," *World Book Encyclopedia*, 1973, XIV, 448.

[28]"Cocaine," *World Book Encyclopedia*, 1973, IV, 598.

MEASURABLE SOCIAL COSTS OF DRUG ABUSE

Although the problem has been recognized for a long time, it is only in the last few years that we have begun to accumulate data which will enable us to assess some of the dollar cost of drug abuse. A recent study made for the Special Action Office Drug Abuse Prevention, while admittedly not comprehensive, examine costs which can be assigned a dollar value by grouping them into five categories: property losses attributable to drug abuse, health costs, criminal justice system costs, lost productivity costs, and direct drug abuse prevention program costs. These five cost components are shown below:

Property losses	$6.3 billion
Health costs	$200 million
Criminal Justice System	$620 million
Lost Productivity costs	$1.5 billion
Direct Drug Abuse costs	$1.1 billion

In summary, the measurable costs of drug abuse are estimated at $10 billion a year. This is a conservative estimate; using similar conservative assumptions the total could actually be as high as $17 billion, depending on the figures used to estimate property losses and other variables discussed. Remembering that drug abuse affects a relatively small percentage of society at this time, the cost in economic terms is high. Unless our programs in prevention, treatment, and supply reduction can reverse the upward trend in drug abuse, the cost will rise even further. If the $25 billion a year estimated cost of alcohol abuse and alcoholism by 7 percent of the adult population of this country is added, the combined dollar costs of alcohol and drug abuse can be conservatively estimated to total $35 billion a year.[1]

The taxpayer pays the bill to rehabilitate the addict. A research psychiatrist for one treatment program indicates it cost his State approximately $1,300 a year to rehabilitate just one addict. Doctors in another program estimate six weeks of in-patient treatment followed by after-care programs totals $3,000. Just assuming the treatment programs were available to all addicts in the country, society would pick up a tab ranging from $828,000,000 to $1,680,000,000.

While these figures are alarming, they do not begin to reflect the total cost of the abuse of narcotics and dangerous drugs.[2]

MEASURABLE SOCIAL COSTS OF DRUG ABUSE

FOOTNOTES

[1]Report of the Federal Strategy for Drug Abuse and Traffic Prevention, 1975, (Washington, D.C., U.S. Government Printing Office, 1975.) page 17-19.

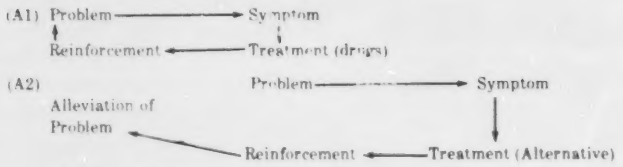
[2]Fact Sheets, Washington, D.C.: U.S. Department of Justice, Drug Enforcement Administration, 1975, p. 16.

PSYCHOLOGY OF DRUG ABUSE AND DRUG DEPENDENCY

Many people have felt that drug use in the State of Alabama is not a problem. In school surveys in the areas of Mobile and Birmingham, the results showed that drug use patterns fall within the range of drug use across the United States. This information appears to indicate that drug use in Alabama is much like the rest of the United States in that two out of three people will have tried a drug at least once before leaving high school.[1] This establishes the fact that average people are as susceptible to drug use and abuse as the people who are representative of counter-cultures. That is to say that drug use could be considered to be normative behavior. This does not indicate that a person who does not use a substance is abnormal. It does mean that the majority of the population will experiment with psychoactive substances and will use agents for social interaction.

If in fulfilling a desire for pleasure the user could be assured of not suffering destructive effects from this use, there would be no need to be concerned about drug abuse prevention. Unfortunately, destructive consequences do occur. There is an indication that approximately twenty-five percent of the population begins to seek out a treatment for the symptoms of distressful problems. This concept might be viewed as one that could indicate for some people a worthy use of drugs. The pattern of seeking out drugs as treatment for problems leads in some cases to a dysfunctional life style. The emphasis in the past has been on the drugs themselves as being where the problem lies; however, since drug use is normative behavior, the problem lies not with understanding the drugs, but with understanding the human being. By viewing drug use from this perspective, educators would do well to consider a humanistic approach in guiding young people to avoid dependence on outside agents to aid them in coping with life.

As people begin to seek out solutions to problems by treating the symptoms, it is easy to see that the treatment can be reinforced to the point that the treatment becomes the problem. (A1) As an example, when the problem is an experience of poverty and the symptom, which is difficult to deal with, is alienation, the individual can easily treat the symptom with heroin. The prolonged treatment brings about a reinforcement that creates a new problem, heroin addiction. A more common example for most of us would be a socially not-accepted pre-adolescent who finds that he can treat the symptoms of peer pressure by sharing tobacco with his friends. The tobacco which is the treatment, becomes the reinforcement that creates the tobacco habit which is, indeed, a problem. This creates a vicious circle in which the problem will not be solved by drugs but must be solved by some alternative. (A2)



At birth, parents are the sole persons who influence the knowledge, attitudes and behavior of their children. As a child progresses through his growth and development, the influence of his parents rapidly decreases. This phenomenon did not exist in the past nearly as much as it does at present because families were more closely knit and stayed together for longer periods of time during the maturation process. As a result, peer pressure is extremely significant. The degree to which an individual's peers influence him can vary according to his environment. Usually, however, between the ages of nine and eleven, the peers take over the stronger role in influence of the development of knowledge, attitudes and behavior of the individual. Although parents do begin to regain their influence by the time an individual reaches an age where he must sustain his own livelihood, it never regains its position of dominance over peer group influence. Consequently, after having established drug use as normative behavior, there is definitely a reason to believe that peer group pressure is at least a major impetus in creating attitudes favorable to drug use.

The literature indicates many reasons for people to involve themselves in the use of psychoactive substances. On close inspection of the reasons, it can be determined that people commonly use substances to intensify or avoid their life's experiences. Some drugs can be used for both. Take alcohol for example. The person who drinks to the point of oblivion to forget his problems also could drink at a weekend function to become the life of the party.

In the humanistic approach, it is important to know what the user expects from his drug in order to help him choose an alternative that will adequately fulfill his need for avoidance or intensification of life's experiences. It should be pointed out that in observing the psychology of drug abuse and drug dependency, one runs the risk of making judgements based on the substances alone and not on the purpose for which the drug was taken.

In addition to stating reasons why people use psychoactive substances, it also can be pointed out that individuals who use these substances can be classified into several broad categories:

1. *Experimental* - This group includes those individuals who are curiosity seekers.
2. *Recreational* - In this group we find those individuals who use psychoactive substances only

in social settings, for example, people who drink or smoke at parties.

3. *Circumstantial* - In this group we include those individuals who use psychoactive substances for such things as exams, endurance, stress and/or boredom.
4. *Intensification* - This group includes those individuals who need or use psychoactive substances daily.
5. *Compulsive* - This group includes instances where psychoactive substances result in preoccupation and domination of the person's existence.[2]

In conclusion, it can be seen that a drug problem does exist in the State of Alabama and because of this educators have a responsibility to do all possible to eradicate this problem. It has been indicated that we view the use of psychoactive substances as normative behavior and that there is a definite crossover from the use to the abuse of psychoactive substances. In addition, the development of attitudes through parental and peer pressure has been illustrated. Two common reasons for the use of psychoactive substances and five major categories into which individuals using psychoactive substances can be divided have been indicated. Drug use lies not in the drugs themselves, but rather in the individual. Educators would do well to consider a humanistic approach in guiding young people to become individuals who can cope with life without the use of psychoactive substances.

FOOTNOTES

[1]Second Report of the National Commission on Marijuana and Drug Abuse, *Drug Use in America: Problem in Perspective* (Washington, D.C.: U.S. Government Printing Office, March 1973, p. 73.

[2]National Commission on Marijuana and Drug Abuse, "National panel calls for rethinking, reorganization, reorientation, revision and revitalization to deal with U.S. drug problems," *Connection*, Vol. I. Number 5 & 6 (Oakland, California: Institute for Social Concerns, March, April, 1973), p. 2.

SOCIAL IMPLICATIONS OF DRUG ABUSE

Do we have the right to live our lives the way we want without consideration for the other members of our society? How do the things we do affect the society in which we live? In looking at the abuse of psychoactive substances, we must answer questions such as these. Drug abuse is a problem which directly or indirectly affects every sector of our society. Therefore, drug abuse must be considered a major social problem. This may not be recognized at first glance, but if we look at the situation more closely, it can be seen that this is true. If we view the situation from the standpoint of cost to society, the facts are staggering. The reference here is not only to taxpayers' dollars, but also to the cost in loss of lives and ability to be a contributing member of society.

It is difficult to look at the major social institutions separately in the discussion of drug abuse as a social problem because in a complex society such as ours, what one institution does affects what other institutions do just as what one individual does affects another. To help simplify this discussion, several basic "institutions" in our society will be viewed individually to illustrate the extent to which the problem of drug abuse affects each particular element. The "institutions" which will be viewed are as follows: the economy, health, education and the family. After discussing the negative sociological aspects of drug abuse, a positive point of view will then be considered showing what society is doing or could do to eradicate this social problem.

Looking first at the economy, it can be seen that millions of taxpayers' dollars are spent each year in connection with drug abuse. In 1970, $105,000,000 was spent in training, research, education and law enforcement alone and the amount for 1973 is estimated at $500 to $700 million.[1] This sum does not represent the total cost to society. Some of the money is used for the construction of rehabilitation centers. These centers also must be fully equipped and staffed. Treatment centers demand a great deal of money for detoxification and maintenance programs for the abuser. Thousands of dollars are spent each year for the employment and training of special law enforcement officers. Even more thousands of dollars are wasted each year in thefts committed for the purpose of supporting a drug habit. The cost of incarcerating individuals in county, state and federal prisons is eventually placed on the taxpayer. Not only are the drug abusers themselves an economic burden to society, but huge sums of money also are spent every year to support families whose economic lives have been damaged due to the loss of a member or the family head.

Health is another important "institution" in our society and one which is greatly affected by drug abuse. Thousands of people develop diseases such as cancer and emphysema associated with chronic tobacco usage; cirrhosis of the liver, malnutrition and nerve cell damage associated with amphetamine abuse. In addition to these physical disorders, abusers sometimes suffer mental disorders. In this way, they have placed additional burdens on society because they have become dysfunctional and must therefore be maintained by society. In viewing health, the future effects of the use of psychoactive substances must be considered. How drug abuse will affect future generations genetically is still uncertain. But one has to stop and remember the tragic effects of thalidomide to see one definite awesome outcome. LSD has long been suspected of causing possible chromosome damage and it, as well as other drugs, are being investigated at this time to try to discover possible genetic effects. It is the responsibility of our society to make the future world a better place in which to live.

Drug abuse also affects the area of education. This problem has made it necessary for our educational system to initiate drug education throughout the United States. Some programs have been expensive because much money has been spent on training teachers and purchasing materials. In the classroom, the drug abuser may exhibit chronic absenteeism, a measurable decline in performance and at times may try to induce others to join him so he can support his habit. Education is presently involved in the prevention, research, evaluation and early intervention of drug abuse. Educators have come up with a conglomerate of approaches which make a simple solution impossible; however, educators alone cannot possibly create a single force in prevention. Nevertheless, as education begins on the primary level and extends through the secondary level, it is hoped that attitudes and decision-making processes will be formed in such a way that the problem will decrease. In addition to educating youths, it is necessary for the educational system to develop alternatives to the use of psychoactive substances.

The family structure is another "institution" in our society affected by drug abuse. Families are sometimes broken up due to the abuse of drugs. For example, family heads can become dysfunctional, lose their jobs and become unable to sustain a family. Divorce and separation of families may result also. The mental and the emotional anguish suffered by the drug abusers' families is immeasurable.

It is a fact that drug abuse does indeed affect society adversely. Since this is true, the citizens of this society have a responsibility to alleviate the problem. The drug abusers themselves present a negative side of the problem. A positive view can be seen if a look is taken at what society is doing or could do about the problem.

Treatment and rehabilitation deals primarily with crisis intervention. In essence, several workable ways of

dealing with drug abusers have come about which fall under such classifications as methadone maintenance, psychiatric approaches, detoxification and out-patient counseling. While it may seem that treatment programs have not been successful, progress can be observed from the adjustment of life styles.

The laws concerning psychoative substances in our various governmental bodies have shown some inadequacies. The police forces have been constantly working to upgrade enforcement, but there has been only minimal progress in this area.

The news media should be knowledgeable about up-to-date policies and procedures involved in the entire broad spectrum of drug abuse. The news media must take the responsibility of providing a more factual approach to drug abuse reporting. It is their additional responsibility to restrict advertising that will encourage the use of psychoactive substances.

The pharmaceutical companies and the medical profession also must be forces in the fight against drug abuse. Pharmaceutical companies need to exert more control over their own products rather than rely on society's legal system for assistance. The medical profession needs to develop a more humanistic approach in the treatment of certain disorders. Often it has been contended that drugs are prescribed unnecessarily at times and only add to a person's problems rather than minimize them.

Youth and parents both have a responsibility in combating the drug abuse problem. Youth should be recognized as a group whose rights are equal to other members of society; however, concurrent with their pleas for understanding, they should develop some understanding for the "establishment." Parents must recognize that they are their children's first teachers, and although the rapid changes in mobility in American life create a different image of status for the family, they are the single most important factor in building a foundation for the growth and development of their children.

Concerned citizens must realize that all social agents have an important contribution to make in unifying their efforts and bringing about the realization that the people who live and work in the State of Alabama are a much greater force than the problems of drug abuse. We each have a responsibility as members of society; therefore, we must examine this responsibility and in so doing possibly find a way to rid society of one of its major social problems — drug abuse.

SOCIAL IMPLICATIONS OF DRUG ABUSE

FOOTNOTE

[1] Harold J. Cernacchia, Ed. D., *et al, Drugs in the Classroom* (St. Louis: The C.V. Mosby Company, 1973), p. 108.

To Persuade

Americans are subjected to massive promotions propounding the concept that ours is a drug culture. People are constantly encouraged to buy and use drugs through advertising; consequently, the public has been convinced that the answer to most of life's problems is drugs. Millions of dollars are spent each year prompting the use of drugs, thus creating a structure in society which projects that the normal and accepted way to achieve health, happiness, pleasure and relief from anxieties and pain is to drink, smoke, eat or swallow a drug.[1]

A study was conducted by the Coronado, California Unified School District to determine the relationship between drug use and advertising. It was found that there is a relationship, but a complex one. The major conclusions of the study were as follows:

1. Drug and cigarette advertising affects the very young (subteens) and encourages them to experiment with certain drugs.
2. Experimentation takes the form of increasing dosage to see what kind of "kick" can be obtained.
3. Pleasure and relief are depicted in many advertisements. The depictions of relief and personal satisfaction act as reinforcing agents to general teenage use.
4. Teenage initial experimentation and drug advertisement do not seem directly related; but early excessive usage of Bufferin, Midol, etc., widely advertised products, could be the seedbed for later experimentation. The reinforcement function should not be overlooked in studying the relationship between advertising and drug use.[2]

The advertising industry has for years employed some of the best psychologists and the teenage group has especially been exploited. The group pressure for conformity has helped business and industry create a multimillion dollar market.

Studies show that as a result of "legal" pushing and acceptance of the use of drugs in our society, the average home medicine cabinet is a "drugstore." It has been estimated that the medicine cabinet contains an average of twenty-two different drugs, thus indicating that the self-prescribing of drugs and medicines has become accepted in our culture. Children have become accustomed to seeing their parents freely use and misuse different drugs and this attitude in itself has become a major promotion for drug use and abuse.[3]

Receptivity of the concept of drug usage in our society is perpetuated by music, movies and television shows as well as by advertising. Themes of movies and television shows and lyrics of songs serve as drug promotion methods in our society.

Since advertising has such an influence one should understand certain strategies underlying this technique. Any act which communicates with and tries to motivate individuals and/or groups toward some action can be classified as advertising. The purpose of this may be to sell, to form opinions, to change habits, to motivate, to cause people to act, to inform, to shape people's behavior and/or to influence. Due to the complexity of advertising and promoting, one must be aware of some of the techniques utilized:

1. **Bandwagon** — Join the crowd. Everyone else is doing it. It can't be wrong if so many people are doing it.
2. **Testimonial** — A person professes the value of a product.
3. **Glittering Generality** — Superlative generalization (whitest white). Using general words that sound good.
4. **Plain Folk Appeal** — Nothing fancy about the product. I'm just like you and it worked for me.
5. **Name-Calling** — Using unpleasant words about a competitive product.
6. **Transfer or False Image** — Something desirable is put with the product to make it more tempting and to imply that by using the product, the individual will be like the image created.
7. **Rewards** — Gimmicks such as free offers, stamps, etc.
8. **Progress** — Products are changed so the consumer will think it has been improved and consequently must be better.
9. **Humor** — Funny cartoon, jingle or slogan often sells an idea or product.
10. **Scientific Evidence** — Attempts to prove superiority of products by using various methods to gather scientific evidence to substantiate claims of superiority.
11. **Brand Loyalty** — Accept the no substitute theory. Create conviction which will cause people to purchase their product.

By analyzing advertisements, individuals should be able to make more intelligent decisions.

In an attempt to decrease the glamour surrounding cigarette use, Congress prohibited radio and television cigarette ads as of January 2, 1971. However, following the ban, cigarette advertising in leading magazines doubled.

The National Association of Broadcasters also issued guidelines for ads. They state that ads for calmatives, stimulants and sleeping aids must not imply a casual attitude toward drug use and they must not be "attention-getting" to the young. The advertisement must avoid suggesting "instant relief" and pleasurable effects. It must also be made clear that the drugs are only for occasional use and taking a pill may not be shown.[5] In spite of these guidelines, advertising serves a reinforcement function for relief and personal satisfaction.

Still another effort is being made to curb advertising by Congressman Claude Pepper (Dem., Florida), a chairman of the House Crime Committee. The drafted bill will bar all television commercials for sleeping pills, sedatives, painkiller, antacids, laxatives, diet pills, tranquilizers, cough medicines, etc., between the hours of 8 a.m. and 9 p.m. — the prime viewing hours for children. The House Crime Committee report states, "The proliferation of televised drug advertising is contributing to our national drug crisis. It conditions to the unnecessary use of drugs. Many advertisements give the false impression that taking drugs — 'pill-poppin' — is good for you, that it will improve your mind, make you happier by reducing tensions . . .

"These advertisements are especially harmful to a child and impressionable teenagers . . . Undoing the initial impact of these television commercials will take a lifetime of education."[6] If the ban is placed on T.V. commercials, the medium would lose more than $250 million a year.

The Food and Drug Administration (FDA) has authority only over prescription drug advertising. Nonprescription drug advertising over television and radio and in newspapers and magazines is under the jurisdiction of the Federal Trade Commission. The kinds of advertising permitted on television and radio are the responsibility of the Federal Communications Commission.

As soon as the National Drug Administration is approved, the drug firm must submit its proposed advertising and promotional material for review. FDA regulations provide that advertising aimed at physicians in medical publications, brochures, pamphlets, and exhibits must be truthful, fairly balanced, and fully informative. They require, for example, that claims concerning a drug's effectiveness must be balanced fairly with information on side effects and contraindications. Also, claims of usefulness for a drug may not exceed those permitted in the FDA-approved labeling. Nor can a drug firm suggest that its drug is better, more effective, safer, or that it has fewer or less serious side effects or limitations that can be supported by substantial clinical experience or other scientific evidence.[7]

Advertising may not be considered uniquely responsible for attitudes toward drugs but it is an influencing and reinforcing agent. Advertising actually operates within the context of a person's total environment.

FOOTNOTES

[1]Harold J. Cornacchia, David J. Bentel, and David E. Smith, *Drugs in the Classroom* (St. Louis: The C.V. Mosby Company, 1973), p. 30.

[2]Sally McClure and Nora Wenz, *The What, Who, Where, Why, When and How of Advertising* (Coronado, California: The Coronado Unified School District, 1971), p. 6.

[3]Cornacchia, *op. cit.*

[4]McClure and Wenz, *op. cit.*, pp. 22-29.

[5]Ray, *op. cit.*, p. 120.

[6]"Hot Pepper", *Connection* (Oakland, California: Institute for Social Concerns, December, 1972).

[7]Hafen Faux, Drug Abuse (Provo, Utah: Brigham Young University Press, 1973), p. 11

The laws pertaining to drug use and abuse arose out of a necessity to curtail man's indulgence in chemical recreation and to protect him from himself and others in the society in which he lives. As narcotics increased in popularity, laws were enacted by Congress to protect the people and the society over which it governed. In 1906, the Federal Pure Food and Drugs Act became law; its purpose was to insure the safety of medicines and to prohibit the importation of opium and its derivatives except for medical purposes. These laws were not enforced vigorously and as a result, the Harrison Narcotic Act was passed in 1914. This law required the registration and payment of an occupational tax by persons dealing with narcotic drugs. It restricted the dispensing of opiates by pharmacists without a written prescription from a physician. As a result of this act, the physician was reluctant to prescribe narcotics to the known addict, thus forcing the addict to find another sorce of the drug. As the demand for the drug increased, new legislation was necessary to curb the growth of the narcotics problem which was engulfing countless individuals. The Narcotic Drug Import and Export Act was passed in 1922, and it provided heavy penalties for importation of narcotic drugs. This was followed by the establishment of the Bureau of Narcotics as a branch of the Treasury Department in 1930 to enforce these laws.

The Narcotic Addict Rehabilitation Act (NARA) was signed into law September 8, 1966, with the view that narcotic addiction is symptomatic of an illness that should be treated and not a criminal offense in itself. This act authorizes Federal courts to commit for treatment certain eligible narcotic addicts who are charged with a Federal offense and who desire to be treated for their addiction instead of being prosecuted for the criminal charge. It provides for a sentencing procedure that commits for treatment addicts who qualify under the NARA and who have already been convicted of a crime. It also provides for civil commitment of addicts not charged with an offense.[1] In an effort to tackle the problem of increasing drug abuse, more than 125 bills were introduced in the United States Congress in 1970. The result of the labors is H.R. 18583, a bill presented by Representative Harley O. Staggers of West Virginia, signed into law October 13, 1970, as Public Law 91-513 and known as the Comprehensive Drug Abuse Prevention and Control Act.[2]

The Federal Comprehensive Drug Abuse Prevention and Control Act, 1970, contains four sections. *Title I* deals with rehabilitation and education programs. It gives the Department of Health, Education and Welfare the authority to provide grants totaling $75 million over a three-year period for rehabilitation, treatment and prevention programs administered through community mental health centers and public health service hospitals and facilities. In addition, $29 million is provided for drug education activities and $85 million is authorized for hard-core drug users, primarily in inner-city areas. Also provided under this Title, the National Institute of Mental Health is authorized and encouraged to increase its research activities. *Title II* charges the Justice Department with enforcement and control provisions. Prior to July 1, 1973, the drug law enforcement was in the hands of many agencies among which were the Bureau of Narcotics and Dangerous Drugs, the Office for Drug Abuse Law Enforcement, the Office of National Narcotics Intelligence and certain activities of the Law Enforcement Assistance Administration. The Treasury Department is also involved in enforcement work through the Bureau of Customs. The Drug Enforcement Administration has now replaced the above agencies and will be headed by an administrator reporting directly to the Attorney General.[3] Included in Title II is the "no knock" provision, (a provision by which agents may enter a dwelling without knocking if there is "probable cause" that evidence will be destroyed or that an agent's life is in danger) and the establishment of a Commission on Marijuana and Drug Abuse to report to the Congress the cause of marijuana use and the problems arising from abuse of marijuana and other drugs. *Title III* deals with the international aspects of drug traffic and abuse. *Title IV* is devoted to reports on advisory councils.

The Alabama Uniform Controlled Substances Act was signed into law September 16, 1971, in an effort to (1) standardize state laws with the Federal Comprehensive Drug Abuse Prevention and Control Act, (2) provide a tool for the prevention of drug abuse and drug dependency, and (3) repeal existing state statutes in conflict. In an effort to accomplish these goals, drugs have been classified into five schedules in sections 203 through 212 of the Alabama Uniformed Controlled Substances Act according to their potential for abuse and accepted medical use in treatment.

Sections 203 and 204

The State Board of Health shall place a substance in Schedule I if it finds that the substance:

(1) has high potential for abuse; and

(2) has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision. i.e. . . . Heroin, psilocybin, THC, peyote, mescaline, marijuana, lysergic acid diethylamide (LSD)

Sections 205 and 206

The State Board of Health shall place a substance in Schedule II if it finds that:

(1) the substance has high potential for abuse;

(2) the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and

(3) the abuse of the substance may lead to severe psychic or physical dependence. i.e. . . . Methadone, cocaine, codeine, morphine

Sections 207 and 208

The State Board of Health shall place a substance in Schedule III if it finds that:

(1) the substance has a potential for abuse less than the substance listed in Schedules I and II;

(2) the substance has currently accepted medical use in treatment in the United States and

(3) abuse of substance may lead to moderate or low physical dependence or high psychological dependence. i.e. . . . Amphetamines, methamphetamine — Stimulant effect on central nervous system — any substance containing barbituric acid not listed in another schedule — Depressant effect on central nervous system

Sections 209 and 210

The State Board of Health shall place a substance in Schedule IV if it finds that:

(1) the substance has a low potential for abuse relative to substances in Schedule III;

(2) the substance has currently accepted medical use in treatment in the United States; and

(3) abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. i.e. . . . Barbital, phenobarbital, depressant effect on central nervous system.

Sections 211 and 212

The State Board of Health shall place a substance in Schedule V if it finds that:

(1) the substance has a low potential for abuse relative to the controlled substances listed in Schedule IV;

(2) Tne substance has currently accepted medical use in treatment in the United States; and

(3) the substance has limited physical dependence or psychological dependence. Liability relative to the controlled substances listed in Schedule IV. i.e. . . . medicine with narcotic compounds in very limited quantities.

The offenses and penalties provided for in this act are included in Sections 401, 406, 407 and 507.

Section 401 — Offenses and Penalties

Except as authorized by this Act, (individuals registered in medical field) any person who possesses, sells, furnishes, gives away, obtains, or attempts to obtain by fraud, deceit, misrepresentation, or subterfuge, or by the forgery or alteration of a prescription or written order, or by the concealment of material fact, or by use of a false name or giving a false address, controlled substances enumerated in Schedules I, II, III, IV, V is guilty of a felony and upon conviction for 1st offense may be imprisoned not less than two nor more than fifteen years and, in addition, may be fined not more than $25,000: Except any person who possesses any marijuana for his personal use only is guilty of a misdemeanor and upon conviction for the offense shall be imprisoned in the county jail for not more than one (1) year, and in addition, shall be fined not more than $1,000; but the penalties for the subsequent offenses relating to possession of marijuana shall be the same as specified in the first sentence of this Section 401(a).

Sections 406 and 407: Distributions to Persons Under Age 18

If the offender is over the age of eighteen and the offense consisted of selling, furnishing or giving such controlled substances as enumerated in Schedules I, II, III, IV, V to a person who had not attained the age of eighteen years the offender shall upon conviction be imprisoned not less than four nor more than thirty years and, in addition, may be fined not more than $50,000. The imposition or execution of sentence shall not be suspended and probation shall not be granted.

(a) Any person convicted of a second or subsequent offense under this Act may be imprisoned for a term up to twice the term otherwise authorized, fined an amount up to twice that otherwise authorized or both.

(b) For purposes of this Section, an offense is considered to be a second or subsequent offense, if, prior to this conviction of the offense, the offender has at any time been convicted under this Act or under any statute of the United States or of any state relating to narcotic drugs, marijuana, depressant, stimulant, or hallucinogenic drugs.

Section 507 — Pipes and Paraphernalia

(a) It is unlawful to possess an opium pipe or any device, contrivance, instrument, or paraphernalia used for unlawfully injecting, or smoking a controlled substance enumerated in Schedules I through V.

(b) It is unlawful to visit or to be in any room or place where any controlled substance

S:3

enumerated in Schedule I through V is being unlawfully smoked or used with knowledge that such activity is occurring.

(c) Any person convicted for violation of this section shall be punished by imprisonment in the county jail for not more than one year for the first offense. If a person has been previously convicted of any offense related to controlled substances in Schedules i through V in this state or any other state, such person may be imprisoned for two to fifteen years.

In the event that a person is convicted of a felony, even if the sentence is suspended, he loses the right to vote, to own a gun and to run for public office. He loses the opportunity of ever being a licensed doctor, dentist, CPA, engineer, lawyer, architect, realtor, osteopath, physical therapist, private detective, pharmacist, school teacher, barber, funeral director, masseur or stock broker. He can never obtain a job where he has to be bonded or licensed. He cannot enlist in any military service and he cannot work for the city, county or Federal Government. All violations of the Alabama Uniform Controlled Substances Act, except for the first possession of marijuana, are felonious offenses. (A felony is a crime graver and more atrocious than a misdemeanor and carries with it a sentence of more than one year in the penitentiary. A misdemeanor is a lesser crime than a felony and carries with it a sentence of one year or less in the county jail.)

LEGAL ASPECTS

FOOTNOTES

[1]National Institute of Mental Health, *The Narcotic Addict Rehabilitation Act of 1966* (Washington, D.C.: U.S. Government Printing Office, 1972).

[2]Summary of Drug Abuse Legislation 91st Session of the U.S. Congress, "A Popular Cause," *Grassroots* (Washington, D.C.: National Coordinating Council on Drug Education, Inc., 1970).

[3]*Message on Reorganization Plan No. 2 of 1973, Establishing a Drug Enforcement Administration from the President of the United States* (Washington, D.C.: U.S. Government Printing Office, 1973).

[4]National Commission on Marijuana and Drug Abuse, "Survey of State Penal Laws, Marijuana, Narcotics and Dangerous Drugs," *Grassroots* (Washington, D.C.: National Coordinating Council on Drug Education, Inc., March, 1973), pp. 2-9.

ENCOUNTERING DRUG USE IN THE CLASSROOM

With the proliferation of drug use by today's youth, it would seem unrealistic to assume that the effects would not be manifested in the classroom. It thereby becomes necessary for teachers to take a fresh look at students in light of this recent development. This may entail a complete turnabout in the teacher's outlook. Too often teachers become so caught up in teaching subject matter that they lose sight of the fact that they are also teaching students. Certainly this is not likely to facilitate a relationship whereby the teacher knows and regards his students as individuals. The effects of drug use are not as obvious as we often suspect, and frequently the initial symptoms are behavioral or personality changes. In order for the teacher to detect these deviations, it is necessary for him to be somewhat familiar with the student's normal behavior; otherwise, he has no basis upon which to compare.

Although drug abuse often leads to behavioral changes, this does not mean that all changes come about as a result of the use of drugs. The teacher must exercise caution in interpreting any observations which he may make. Everyday problems, especially in the case of adolescents, may cause stress, tension and other alterations in mood. Some characteristics which may indicate the use of drugs by a student are as follows:

1. Change in the usual pattern of a person's life
2. Change in attendance, discipline, work, performance
3. Decline in physical appearance and dress
4. Shift in use of language
5. Signs of an opposite personality emerging; that is, a hostile or withdrawn person becomes friendly; a friendly person becomes depressed or hostile
6. Rejection of old friends and secrecy about new ones
7. Stealing[1]

These are, of course, only symptoms which may or may not be caused by drug use. It may, however, prove beneficial to be familiar with them.

Along with an increasingly familiar attitude between student and teacher comes more responsibility on the part of the teacher. A student may begin to see the teacher as a person with whom he can discuss a problem, rather than simply an individual who disperses information in class. This outside contact is favorable as it indicates trust on the student's part. This places the teacher in the role of a counselor and it is important to remember that no matter how insignificant the problem may seem, it probably means a great deal to the student and should be treated with respect. Possibly the most essential rule to remember in counseling is — "Listen to what the person has to say." This cannot be emphasized enough! Be willing to listen and let the student define his own problem. He may solve it himself just by defining it. It may be necessary, however, for the teacher to help redefine the problem in order for the student to gain a calm assessment of the situation. The attitude of the teacher will play an important role in whether the discussion will continue. Treat the student as someone whom you are sincerely interested in helping. Above all, do not play the "all-knowing role," or adopt a condescending manner. Maintain a neutral attitude and discuss the problem in terms of the student's personal needs.[2] Remember, this is how he is viewing it. Do not give advice unless asked because this could be interpreted as an attempt to impose your values on the student. A good counselor will help a person to solve his own problem rather than solve it for him.

The effects of drug abuse on the classroom routine may not always be as subtle as previously described. There have been instances in which students have shown marked physical changes as a result of a drug overdose. Fortunately this is a relatively rare occurrence; however, it is important that the teacher be prepared for a situation in which emergency first aid would have to be administered. With the availability of such a profuse variety of drugs, it is often difficult to make a diagnosis and arrive at a suitable treatment. Any situation is manageable if one remains calm and abides by a few rules, which are basically common sense.

1. It is generally best to clear the room if possible but always keep a friend or familiar face near the subject.
2. Inquiries made among the subject's friends may help to determine the nature of the drug taken.
3. If the drug is unknown, treat the symptoms only. In most cases it is better to *undertreat* than to *overtreat*, and often all that is needed is reassurance.
4. Make the patient comfortable, lay him flat, loosen clothes, keep him warm.
5. If conscious, call physician immediately and
   (a) treat for shock (warmth, rest, fluids)
   (b) If drowsiness occurs, walk patient around, give stimuli (coffee, orange juice)
   (c) If overdose is suspected, induce vomiting with lukewarm salt water, only if fully conscious and never if caustic solution has been swallowed.
6. If unconscious, call physician immediately and
   (a) above all, maintain a clear airway (clear mouth of gum, partial plates, etc., pull tongue forward, head turned to the side with chin extended up and out)

(b) look for any signs of difficult breathing (gasping, choking, skin pallor)
(c) Quickly check for pulse (carotid artery in neck)
(d) if breathing has stopped, apply mouth to mouth resuscitation*
(e) if all fails and *only in extreme circumstances*, apply external cardiac massage.

7. If convulsions occur, don't panic (they are usually brief). Wedge something between patient's teeth (wad of cloth or pencil wrapped in cloth) to prevent injury.

Key points in the above instructions are "stay calm" and "treat only the symptoms, never overtreat."

*Details concerning mouth to mouth resuscitation may be obtained from most tenth grade biology texts or local Red Cross chapter.

FOOTNOTES

[1]New York State Department of Health, "Diagnosis and Emergency Treatment" (New York, New York).

[2]Robert Ladner, Jr., *Basic Procedures for Crisis Intervention and Drug Counseling*. Report for Regional Drug Abuse Training and Resource Center, University of Miami, Miami, Florida, 1972. (mimeographed).

Where only hopelessness and apathy once existed, there is now a feeling of a meaningful movement in the treatment of drug abusers. The realization that *addiction is a disease* and neither a moral affliction nor a crime has led to the development of many different methods of treatment. We should be concerned with what we can do for them, not what we can do to them. Obviously, the illicit use and abuse of drugs is the reflection of a troubled society which has lost its vision, idealism and achievement to technology in the rush for pleasure. Until society regains its direction and integrity, all drugs will remain a problem. Millions can be spent on treatment and rehabilitation, but the real treatment lies buried deeply in the attitudes and values of the community. The high percent of failure of these programs is due in part to the rejection of former users by the community.

Not too long ago, treatment for drug abuse was based solely on withdrawal and detoxification. More recent programs have become concerned with the user after detoxification in helping him combat stress situations and pressures of society after he returns. Even these have limited success in terms of the truly "cured" addict, but they are leading us to a better understanding of the mental and emotional makeup of the user. Treatment and rehabilitation today consists of three major steps: (1) initial detoxification under medical supervision in a hospital (2) psychiatric evaluation and therapy (3) return to the community under continued medical supervision and counseling.[1]

Withdrawal and Detoxification

When a person becomes physically addicted to a drug or chemical, definite chemical reactions take place in the body to counteract the effects of the drugs. When the drug is no longer taken into the body, a chemical imbalance occurs causing symptoms of withdrawal characteristic of that particular drug.

Detoxification is the process whereby the physical need and craving for a drug is gradually eliminated. Initial detoxification is best accomplished under medical supervision. The drug intake can be limited to prescribed medications. An example would be those used for the purpose of gradual withdrawal. Detoxification not carried out under medical supervision can lead to severe illnesses and in the case of barbiturates and other depressants, death. In addition to the gradual withdrawal of the drug, the patient is also examined for underlying psychological disorders and referred to one of the following for treatment.[2]

Psychiatric Evaluation and Therapy

There are several facilities available to the addict who is seeking or is compelled to find aid after detoxification. The basis of all of these is psychotherapy.

The first attempt at rehabilitation was the establishment of the classic psychiatric hospital approach begun at Lexington, Kentucky, and Fort Worth, Texas, in 1936 and 1938, respectively, by the federal government. Their low cure rate was well known. This is due in part to their attention to the purely physical removal of the drug and less attention to the social and psychological aspects of the addict. Both centers have since been closed.

Another drug abuse treatment program is Synanon, founded in 1958 by Charles Dederich, a recovered alcoholic. Synanon claims the highest cure rate for narcotic addition of any rehabilitation program to date. Synanon has two basic rules — no physical violence and no drugs of any kind. The addict has to conform or leave. There are no locks, no bars, no guards and he is free to leave at anytime.

In small-group therapy sessions the addict learns to verbalize and confront his emotions and feelings in the search for an identity he has lacked. He learns to construct human interaction and response. Another requirement at Synanon is that everyone must work. "There is a pervasive feeling, probably induced by Charles Dederich, that the dignity of being human has something to do with the dignity derived from self-reliance and self-support."[3]

Another therapeutic community is the Phoenix House program of the Addiction Services Agencies (ASA) of the City of New York, begun in 1967. Its greatest advantage is its location in an area of high abuse, which makes it accessible and highly visible to those who need it most. The fact that it is present in the neighborhood makes it a symbol of hope for those who need a model for reidentification. It differs from Synanon in that the person is not free to leave for the first two months. Rules are strictly enforced and infractions are severe but just.

Usually after breakfast or lunch, a director leads a structured meeting. Individual and interpersonal reactions are held in groups called encounter sessions. Nothing is barred from these intensely verbal and emotional encounters except dishonesty and physical violence. Once the encounters are over, there is usually a social gathering which serves to reinforce the acceptance of the individual, regardless of what went on in the encounter session.

Residents pool their welfare stipends toward operating expenses and each is assigned to work details. Education is also an important part of rehabilitation. Some residents are given vocational training when they advance to re-entry houses to equip them better for entrance into society.[5]

Daytop Village on Staten Island is another community based on the Synanon concept. It is supported by the National Institute of Mental Health and serves as a "half-way" house between the courts and the community. Residents not abiding by the rules are sent back to the courts.

There are many other programs in many states throughout the nation. To date the success rate in these smaller therapeutic communities has been fairly low. Through trial and error, more realistic approaches and improved methods have led to a gradual climb in the percentage of successfully rehabilitated individuals. In larger Alabama cities, similar communities exist which operate on the same philosophy.

Alcoholics Anonymous (AA) is an organization consisting of recovered alcoholics who seek to help others in group therapy sessions. It is believed that AA members, because of their intimate, personal experiences, are best able to help those who need strength and hope to overcome their problems. The only requirement for membership is a desire to stop drinking. AA has had reasonable success and its members number in the hundreds of thousands.

Recently the government has sponsored state-operated programs. Alcoholism Information Centers affiliated with the National Council on Alcoholism are being located in many towns and cities. Under the auspices of the State Department of Mental Health, regional alcoholism councils are being established in various sections of Alabama.

Methadone Maintenance

The World Health Organization defines methadone maintenance as the continuing daily oral administration of methadone under adequate medical supervision, the dose being adjusted (a) to prevent the occurrence of abstinence phenomena, (b) to suppress, partially or completely, the continuous preoccupation with taking drugs of the morphine type and (c) to establish a sufficient degree of tolerance and cross tolerance to blunt or suppress the acute effects of such agents.

Methadone is a synthetic narcotic developed by the Germans during World War II when other analgesics became scarce. It is now used in the treatment of addicts of the morphine type. When taken orally, usually in a glass of orange juice, it takes the place of the narcotic drugs and relieves the person of the desire to obtain other narcotics.

The first methadone maintenance program was initiated in the early sixties and by 1973, more than 73,000 addicts in the United States were on methadone maintenance.[6] Methadone has found its way into the illegal market and overdose deaths due to methadone abuse is skyrocketing. Due to this abuse, the methadone program needs tighter controls and should include the following: (a) availability of adequate facilities for the collection and testing of urine (b) medical and psychiatric supervision (c) hospital facilities and (d) vocational, social and educational counseling.[6]

Although the addict on methadone has only shifted his addiction from one drug to another, he has greatly decreased his and society's problems associated with his addiction. He no longer faces the criminal element or the threat of arrest for activities associated with acquiring or using an illegal drug. He is able to return to society and function as a normal human being.

Research is being performed to determine the feasibility of using certain drugs as antagonists in treating the narcotic addict. These drugs, such as cyclazocine, block the effects of narcotics thereby eliminating the need to continue using these drugs. It is believed that scientists are on the verge of perfecting some of these antagonists for widespread therapeutic use.[7]

FOOTNOTES

[1]Bureau of Narcotics and Dangerous Drugs, *Fact Sheets* (Washington, D.C.: U.S. Government Printing Office, 1971), p. 31.

[2]*Ibid.*, p. 31.

[3]Karl J. Deissler, "Synanon — Its Concepts and Methods," Presented at "Aspects of Drug Addiction, A Symposium" (NIMH Clinical Research Center, Lexington, Kentucky: October 9-10, 1969), p. 31.

[4]Mitchell S. Rosenthal, M.D. and D. Vincent Biase, Ph.D., "Phoenix Houses: Therapeutic Communities for Drug Addicts," reprinted from *Hospital and Community Psychiatry*, January, 1969, pp. 43-46.

[5]Paul Danaceau, *Methadone Maintenance: The Experience of Four Programs* (Washington, D.C.: The Drug Abuse Council, Inc., 1973), p. Introduction.

[6]Frances Rowe Gearing, "Successes and Failures in Methadone Maintenance Treatment of Heroin Addiction in New York City," *Grassroots* (Washington, D.C.: National Coordinating Council on Drug Education, Inc., July, 1971), pp. 8-31.

[7]"Answers to the Most Frequently Asked Questions About Naltrexone (EN-1639A)," *Connection*, Vol. I, Numbers 3 and 4 (Oakland, California: Institute for Social Concerns, January, February, 1973), p. 3.

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One of the priorities for the implementation of The Drug Abuse Education Act of 1971 is "establishing resource centers in various regions of the state for the purpose of assisting the department of education in coordinating drug abuse education activities." In compliance with this Act the State Department of Education has established two centers.

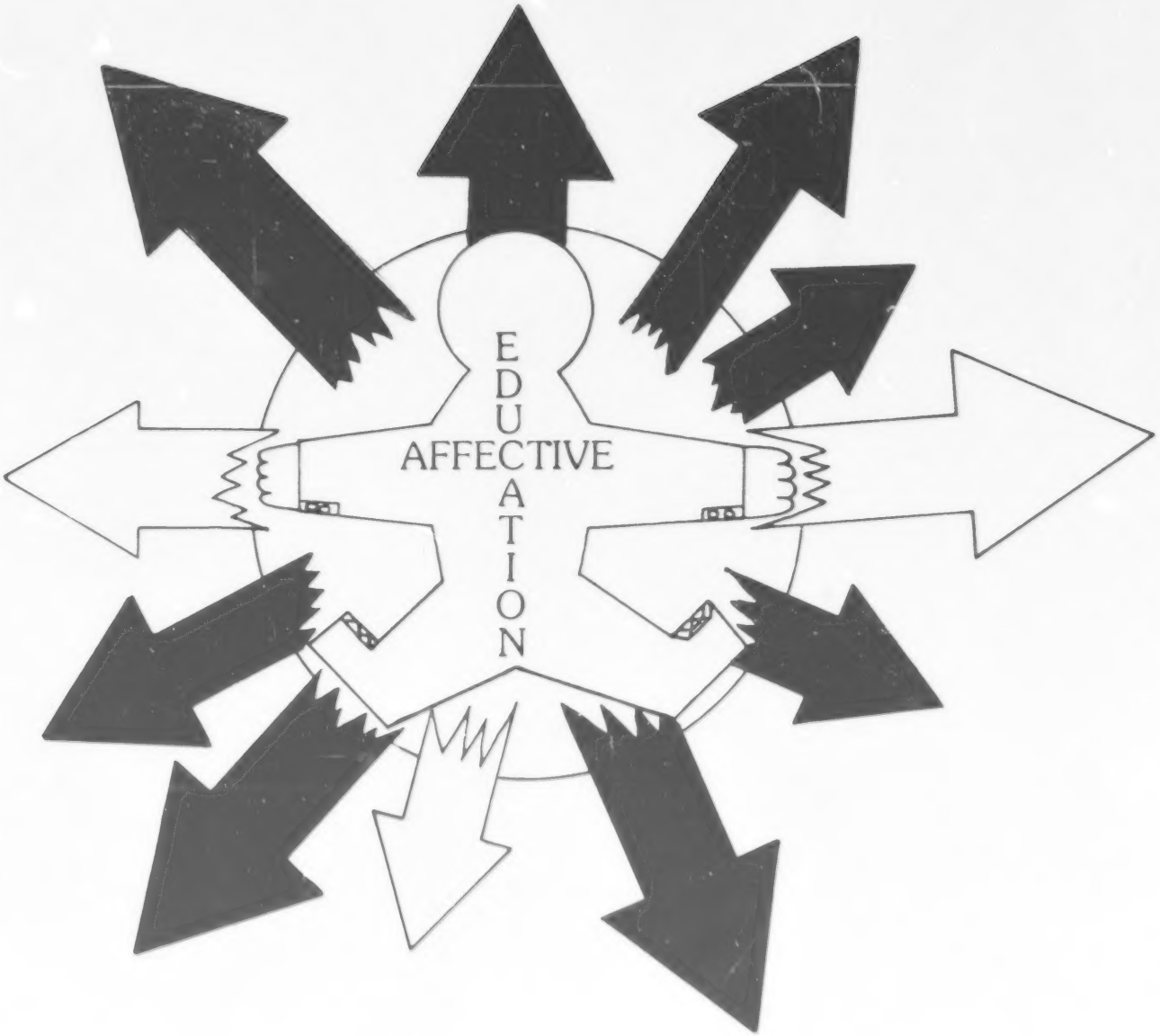
The main center for drug education is located in Montgomery. This center is at 111 Coliseum Boulevard. The second center has been established on the campus of the University of Alabama in Birmingham. This center is located at 1000 South 12th Street.

Both of these resource centers will handle on a limited basis printed materials for distribution to teachers. The Birmingham resource center houses the film library. The films may be borrowed free of charge, but teachers should schedule these films as far in advance of show date as possible. It is also advisable that alternate film selections and dates accompany all requests. A copy of the audiovisual aids catalogue is located in the appendix of this guide.

It is highly desirable that teachers observe the film catalogue coding system which may be used to identify the appropriate grade levels for each film. For example: a film coded sh - c - ad means that it is recommended for senior high, college students and adults. The film should not be used in elementary schools. It is also a good practice for the teacher to preview each film before showing it to the class. The teacher should allow the students to react to each film and refrain from simply showing a film and eliminating a discussion period.

While most of the printed material is designed for the teacher, some may be appropriate for use by the students. The State Department of Education is happy to supply a set of materials to each teacher, but cannot furnish copies to each student. Teachers are encouraged to ask students to share materials if at all possible.

Educators and other interested persons are welcome to visit either or both of these centers. They are open Monday through Friday from 8:00 a.m. to 5:00 p.m. and someone will be available to help in an orientation of the centers as well as to assist in checking out materials.


AFFECTIVE
EDUCATION

BUILDING VALUES BY CHOOSING ALTERNATIVES TO DRUGS

The concept of building values can become complex and puzzling. There are conflicting opinions as to whether values can be developed. The time is ripe for teachers to take a look at what education contributes to value development. Education has always tended to emphasize knowledge provision and information accumulation. After World War II, American education devoted its energies toward technological development and production which continues to be vital and necessary for the nation's progress.

There has been a tendency to neglect concern for the student as an individual involved in the educative process. Educators should recognize that understanding and appreciation for another person's values enhance the chance for transfer of his knowledge into behavior.

Understanding and appreciating another's values does not mean accepting the values for one's own life nor does it mean condoning misconduct. It does require one as a teacher to recognize that he owes the same respect to the students who have value systems different from his own as he does to those whose values he shares. Basically, one's needs, wants, desires and aspirations will be similar and, in some cases, the same as one's students. Yet, there will be different beliefs, attitudes and values that create unique perspectives for motivation. A person's behavior is motivated by a value system that belongs to him alone; therefore, all students are individuals who have value systems that determine the reasons they behave in varying ways.

The student who knows that his teacher respects his value system is more comfortable in the classroom. This comfort helps him to be more receptive to exploring his own value system as well as other value systems. (The bibliography of this section provides resources for in-depth study of value clarification and affective education.) Being more receptive, the student is able to develop an understanding of himself and strengthen his self-concept. Through a better self-concept, the student is able to relate to his peers and yet retain his own identity and values. This self-concept provides a base for realistic decision-making if aided by a sensitive teacher-student relationship anchored in mutual understanding, integrity and honesty.

Decision-making is a process that allows a person to make a selection from two or more possible choices. If choices are to be made that will guide his life, the person must be able to make a free choice. Coercion has no place in assisting decision-making. You can help your students best by

1. Unconditionally accepting the student and his problem.
2. Not giving advice — helping him to clarify questions and comments that concern him.
3. Looking at the issue from the student's point of value.

When something is chosen freely, and the chooser is proud of the choice and happy to be associated with it, he will likely be satisfied and will affirm his choice. An emphasis on how the chooser values the choice distinguishes decision-making from problem solving. While techniques of problem solving are important in the process of decision-making, additional limitations are important to consider:

1. The individual makes the decision unique.
2. His capabilities limit his choices.
3. Decisions are limited by what he is willing to do.
4. Lack of information limits his choices.

Therefore, in addition to the student's being able to clarify his values, he needs ample information about himself and his surroundings in order to develop the alternatives in his decision-making. By exploring the possible outcomes of his alternatives and how they affect his value system, he learns to be systematic in his decision-making. This enhances his opportunities for making realistic decisions for himself.

In drug abuse education specifically, experience indicates that value building and factual knowledge do not complete the task of drug abuse prevention. Smoking physicians and overweight nutritionists are just two examples that indicate values and facts do not necessarily change health behavior. There must be a realistic alternative for each individual. (The bibliography of this section provides resources for in-depth study of decision-making.)

There are certain premises to be studied before considering realistic alternatives:

1. People use drugs because they want to use drugs. Drugs provide pleasure to them.
2. People continue using drugs because they decide to continue. The intrinsic nature of drugs does not compel the use of drugs.
3. Psychological dependence results if the drug fills a need in solving personal problems.
4. People don't stop using drugs until they find something better.
5. Alternatives to drugs are actually alternative ways of treating distresses and discomforts associated with self-destructive behavior.
6. Alternatives provide primary prevention to continued use or experimentation with drugs.

If alternatives are to be effective, they must be attainable and meaningful. They should help people with self-development and assist in independence. Alternatives should offer active participation and opportunities for commitment in involvement. The person should feel an identity with a larger body of experience and be able

to feel lifted from the day-to-day routine. The person should be allowed to discover the maximum use of his potential. Above all, the individual must be the leader in choosing alternatives for himself. The teacher should serve only as a resource person to the chooser.

The school program with its curricular and extracurricular activities provides alternatives for the majority. They are assisted by churches, community activities and public private agencies or individuals. The world in itself is the body of resources from which alternatives can be chosen. The key is to stimulate the person to open up freely to the world and his inner being. He should be motivated to contemplate how his behavior can be associated with his personal welfare because he directs it to be so. Inherent to this is the realization that in serving as a resource to young people, the main task for teachers will be to fill the gaps between existing alternative opportunities and the youngsters whose wants and desires do not fit readily available alternatives.

Areas of alternatives are provided to allow the teacher to observe the multi-faceted alternative approach to drug abuse. Dohner has classified the following areas:

1. *Personal Awareness*

Physical awareness includes developing an increased awareness of the body structure and function as well as improving its performance and maintaining its health and fitness. Activities include individual group athletic activity, ballet, interpretive dance, hiking, meditation, yoga and recreational activity.

Psychological awareness involves being aware of how people communicate and express themselves and explore their emotions and intellect as to how they must control their behavior without losing its spontaneity. It also means improving interpersonal awareness so that they recognize all the intricacies of how other people are affected by someone else's actions. Activities include meditation, introspection, psychotherapy, role playing and counseling situations.

2. *Interpersonal Relationships*

The basic elements for healthy interaction require learning to share one's self by responding to the needs of another. This also means acquiring the ability to respond humanly to joy, sadness, anger and humor. Activities include encounter groups, psychodrama, personal work to help the aged, poor and handicapped, boy-girl relationships, new friendships and all other group relationships.

3. *Self-Reliance Development*

Most chronic users of drugs exhibit an aura of self-futility. There is a need for developing responsible citizenship that allows the person to exert more control over his destiny and satisfy a need for self-accomp'ishment. Activities include learning household repair, automobile repair, minor carpentry, plumbing, electrical repair, family finance and budgeting, cooking, cleaning, sewing, first aid, child care and parent-child relationships.

4. *Vocational Skill*

Unless people have skills that allow them to procure employment, they are forced into frustrated and aimless idleness. Without an occupation, many see drugs as the only way to push away from their dilemma. Activities include broad-based career education beginning in kindergarten and moving into the needed areas beyond high school, and remedial education or job retraining that restores human dignity to prison inmates, parolees and drug abusers.

5. *Aesthetic Experiences*

The appreciation of art, music, dance, nature life and other aspects of beauty is a viable alternative in intensifying one's life experience. Activities include making aesthetic presentations more accessible to the populace, increasing the teaching of appreciation and developing experiences that are more meaningful to youngsters.

6. *Creative Experiences*

Creativity is a trait inherent to one degree or another in all people. Creations need only be expressions that are meaningful and desirable for the producer. Activities include arts and crafts, gardening, conversation, cooking, writing, composing, singing, dancing, acting and inventing.

7. *Intellectual Experience*

Americans should regain the thrill of learning for personal satisfaction. Intellectual endeavors can alleviate boredom, gain understandings and increase awareness. Activities include literature appreciation, creative games and puzzles, concentration training, speed reading, memory training and youth-teaching-youth programs.

8. *Philosophical-existential Exploration*

A personal search for meaning in terms of the person's existence reveals a reflection of the changing times. In the past, family elders contributed much to the youngster in establishing personal identity and belief structure. In many cases, this has become a school task. Activities include discussions, seminars, clubs and courses on such topics as philosophy, reality, meaning of life, ethics, morals and value systems.

9. *Spiritual Experiences*

By adopting a personal philosophy, the youngsters often find a need for religious belief. Many feel religion to be the utmost in alternatives to drugs. Activities include protecting the right of people to exercise religion with qualities that are personal and applicable to everyday life, recognizing a force greater than the individual and producing positive changes in the individual.

10. *Socio-political Involvement*

Young people today have placed themselves in the mainstream of social issues and politics. This direc-

tion should not be thwarted. We may be able to have a better society by making use of their ideas. Activities include helping the aged, poor and handicapped, voter registration, political campaigns, ecology drives, canvassing, service projects, non-partisan lobbying, highway clean-up and other opportunities that allow youngsters to be recognized for their commitment to involvement.[1]

Emphasis should be reinforced to underline the fact that the foregoing alternative activities are not to be assigned to an individual as substitutes for drug use. One must keep in mind that the chooser is foremost in making the decision based upon his values. It is absolutely feasible that a youngster with helpful guidance can create an alternative totally unique to the aforementioned activities.

The teacher is reminded that, as a resource person, the task is not the teacher's alone. There is a whole world of volunteers waiting to be included in the happiness surrounding a person's valuable decision to choose an alternative to drugs.

Youngsters must never be disillusioned that pleasure is easier to come by with alternatives other than drugs. They must know that gaining pleasure from their alternatives may be more subtle and a great deal longer coming than pleasure from drug use. They must be supplied with the knowledge that there will be days that create a feeling of despair and they will want to give up. Youngsters must be constantly encouraged that by clarifying their values they have the opportunity to continue choosing alternatives to drugs for the rest of their lives.

The following teaching strategies are available to assist in the teaching of values education. The purpose and procedure for each strategy is explained.

FOOTNOTE

[1]Dohner, V. Alton, "Alternatives to Drugs," *Addiction*, Fall, 1972, pp. 33-51.

NAME CARD

Purpose:

This is a good strategy for helping people to get acquainted. It is also a good ice-breaker to use at the start of each school year, especially if the students are going to be located in the same classroom for the first time. There are many features that can be worked in with the name card activity. The end result is that students will become more at ease and hopefully, more open with each other.

Procedure:

Provide each participant with a five by eight inch card. Print participants' first name in large print with majic marker, the name that the person wants to be called. Provide a straight pin for each person to pin the name card on their shirt or dress.

To start the activity, have each participant remove their name tags, and do the following:

1. Write the name of the person that really stands out in your mind who really touched your life, the kind of person you would want to be like and write or print it in the upper left hand corner of your card. Next, think of two words that make this person so special.
2. Think of someone in public life that you admire, and write that name in small letters above your name.
3. Write two things that you hope to get out of this meeting, class, activity, etc., today in the upper right hand corner of your card.
4. Write two responsibilities that you think are yours beyond sitting and listening in the lower right hand corner.
5. Write two or three words that you would like for someone to write if they were to describe you in the lower left hand corner of the card.
6. Draw a picture of a stick man showing how you feel today below your name.

Have participants pin their name cards on their clothes again. For two or three minutes, let students move about the room and meet three to five new people and peep at one another's cards and get to know each other better.

Variation:

Have participants to choose a partner and share their responses with each other. Let interaction last for six minutes, thereby allowing each person at least three minutes.

Additional features that can be entered on the name card:

1. Write a date that was significant in your life (turning point in your life, education, career, etc.).
2. Give the name of a town or place that brings back fond memories.
3. List your favorite subject(s).
4. List your favorite type of music.
5. Write the name of the person who has been the most "significant other."
6. Draw a picture of your favorite dish.

Examples of Name Cards

Mrs. Johnson
Concerned
Loving

John F. Kennedy

Better Self
Image,
Enlightenment

CHUCK

Friendly,
Kind,
Open

Cooperative,
Respectful of
Others

or

OMAHA

"Big Bad John"

Panama City,
Fla.

Sensitive

BILL

History

Humorous

Amy

June, 1977

EITHER-OR FORCED CHOICE

Purpose

This exercise compels students to make a decision between two competing alternatives. "What characteristics do I identify with more — this or that?" In making their choices students have to examine their feelings and their self-concepts and values.

Procedure

The teacher asks an either-or question, like: "Which do you identify with more, a Volkswagen or a Cadillac?" By pointing out or by actually posting the choice words on the two sides of the room he indicates that those who identify more with Volkswagens are to go to one side and those who identify more with Cadillacs are to go to the other. Each student then finds a partner on the side he has chosen and discusses with him the reason for his choice.

Everyone returns to the center of the room. Then the teacher gives another either-or forced choice, and the students again choose between the two alternatives by moving to the appropriate side of the room.

This may be repeated with five or six questions. The students should be instructed to find a new partner each time.

Sample Either-Or Choices

Are you

_____ 1. More of a saver or a spender?
_____ 2. More like New York City or Colorado?
_____ 3. More of a loner or a grouper?
_____ 4. More like a rose or a daisy?
_____ 5. More like breakfast or dinner?
_____ 6. More like summer or winter?

To The Teacher

This is an excellent introductory exercise for a new group.

Additional Examples

Are you

_____ 1. More like a teacher or a student?
_____ 2. More yes or no?
_____ 3. More here or there?
_____ 4. More political or apolitical?

STRATEGY NUMBER 8
BRAINSTORMING

Purpose:

Brainstorming is a well-known, widely used problem-solving tool. It encourages participants to use their imaginations and be creative. It helps elicit numerous solutions to any given problem, e.g. What shall we name this product? What should I do in this situation? How can we overcome this obstacle? In the area of values, it is very helpful in eliciting alternatives.

Rules For Brainstorming:

1. No evaluation of any kind is allowed in a thinking-up session. If you judge and evaluate ideas as they are thought up, people tend to become more concerned with defending their ideas than with thinking up new and better ones. Evaluation must be ruled out.
2. Everyone is encouraged to think up as wild ideas as possible. It is easier to tame down a wild idea than to pep up a bland idea. In fact, if wild ideas are not forthcoming in a brainstorming session, it is usually evidence that the individual participants are censoring their own ideas. They are thinking twice before they spout out an idea for fear that they may come up with a silly one and sound foolish.
3. Quantity is encouraged. Quantity eventually breeds quality. When a great number of ideas come pouring out in rapid succession, evaluation

is generally ruled out. People are free to give their imaginations wide range, and good ideas result.

4. Everyone is encouraged to build upon or modify the ideas of others. Combining or modifying previously suggested ideas often leads to new ideas that are superior to those that sparked them.

To The Teacher:

Brainstorming can be used as an activity in and of itself, or it can be used in conjunction with some of the other strategies in this book. Here are some brainstorming topics — both serious and silly — that small groups in class might use.

1. How many ways can you think of to make this class a happier, more enjoyable place to be?
2. Your three ton moving van, loaded with one million pipe cleaners (or balloons or chestnuts or brassieres) skids off the road, and gets stuck in the mud.
3. What interesting, new subjects might we offer at our school next year?
4. Here is an object (give the group a mirror, a ruler, a wastepaper basket, etc.). Without using words, show as many funny ways as you can for using this object.
5. If our school were to change its name, what should the new name be? The suggestions made for Alternative Search (Strategy Number 23) and for Alternative Action Search (Strategy Number 24) can be used as brainstorming activities, if desired.

STRATEGY NUMBER 7
I Learned Statements

Purpose:

This strategy serves several purposes. It provides the group and the teacher with feedback about the last activity they participated in. It helps clarify and reinforce what the students have learned. It crystallizes new learnings which many students might not have realized were taking place. It sets a very powerful searching tone in the group. Finally, it provides a good summary or wind-up for almost any activity.

Procedure:

The teacher prepares a chart with the following (or similar) sentence stems. The chart may be posted permanently in the room, or it may be posted just when it is to be used.

I learned that I	I realized that I .....
I re-learned that I.....	I was surprised that I....
I noticed that I.....	I was pleased that I .....
I discovered that I.....	I was displeased that I...

Right after a values activity or discussion, the teacher asks the students to think for a minute about what they have just learned or re-learned about themselves or their values. Then they are to use any one of the sentence stems to share with the group, one or more of their feelings. Students are not called on, but volunteer to speak whenever they feel comfortable about it.

To The Teacher:

Sometimes it is helpful the first time around to have students write down a few I Learned Statements before sharing them aloud. It is also helpful if the teacher provides students with one or two examples of I Learned Statements. For example, "I realized that I was not clear about my own religious beliefs." "I was surprised that I felt disappointed when someone gave an opinion about Vietnam that was different from mine."

The teacher should not allow discussion to interrupt the free flow of I Learned Statements; it tends to destroy the mood and intensity of the activity. Statements should be kept short and to the point. Students should make their statement but not attempt to explain or defend it. Try to help students focus on personal learnings rather than on general, intellectualized learnings. There is a tendency to say, "I learned that people . . . ." rather than "I learned that I . . . ." Reassure the students that there are no right answers. And students should always have the freedom to pass or sit the activity out without saying anything.

If the teacher thinks it advisable, he may break up the class into small groups of from three to five members and have these students share and discuss their I Learned Statements with one another. Sometimes students can simply compile a list of I Learned Statements in writing which they date and put into their Values Data Bank. It is not always necessary to share these ideas with others.

ALLIGATOR RIVER

Purpose

In this strategy, students reveal some of their values by the way they react to the characters in the story. This strategy also illustrates how difficult it is for any one teacher to say, "I have the right values for other people's children."

Procedure

The teacher tells the story of Alligator River. Following the story, the students are asked to privately rank the five characters from the most offensive character to the least objectionable.

After students have made their own rankings, groups of four are formed in which they share their thinking and discuss all the pros and cons with one another.

Following the discussion, the teacher might ask voting questions to find out how the class ranked each of the characters. (For example, "How many felt Abigail was the best character? How many felt she was the worst character?")

The teacher can also ask some thought-provoking questions about the character they ranked as most offensive. For example: Is that the kind of person *you* least want to be like? What kind of person would be the opposite of this character?

THE ALLIGATOR RIVER STORY

Once there was a girl named Abigail who was in love with a boy named Gregory. Gregory had an unfortunate mishap and broke his glasses. Abigail, being a true friend, volunteered to take them to be repaired. But the repair shop was across the river, and during a flash flood the bridge was washed away. Poor Gregory could see nothing without his glasses, so Abigail was desperate to get across the river to the repair shop. While she was standing forlornly on the bank of the river, clutching the broken glasses in her hands, a boy named Sinbad glided by in a rowboat.

She asked Sinbad if he would take her across. He agreed to on condition that while she was having the glasses repaired, she would go to a nearby store and steal a transistor radio that he had been wanting. Abigail refused to do this and went to see a friend named Ivan who had a boat.

When Abigail told Ivan her problem, he said he was too busy to help her out and didn't want to be involved. Abigail, feeling that she had no other choice, returned to Sinbad and told him she would agree to his plan.

When Abigail returned the repaired glasses to Gregory, she told him what she had had to do. Gregory was appalled at what she had done and told her he never wanted to see her again.

Abigail, upset, turned to Slug with her tale of woe. Slug was so sorry for Abigail that he promised her he would get even with Gregory. They went to the school playground where Greg was playing ball and Abigail watched happily while Slug beat Gregory up and broke his glasses again.

RANK ORDER

Purpose

Each day of our lives we must make choices between competing alternatives. Some of them are minor decisions: "Shall I stay home tonight and watch TV or go to a friend's house for the evening? Shall I wear my blue or my white sweater?" And some are major decisions: "Should I buy a car or save my money for college?" "Shall I go to school this summer or work?"

This strategy gives students practice in choosing

from among alternatives and in publicly affirming and explaining or defending their choices. It demonstrates simply and clearly that many issues require more thoughtful consideration than we tend to give them.

Procedure

The teacher explains to the class that he is going to ask them some questions which will require them to look deeper into themselves and make a value judgment. He will give them three (or four) alternative choices for responding to each question and ask them to rank order these choices according to their own value-laden preferences.

The teacher then reads a question, writes the choices on the board and calls upon six to eight students in turn to give their rankings. Each student quickly gives his first, second and third rankings. Of course, students may say, "I pass." After the six to eight students have responded to a question, the teacher may give his own rankings. Then a class discussion may follow, with students explaining their reasons for their choices, even if they weren't among the original six to eight to speak.

Sample Rank Order Questions

The following rank order questions were developed for use with students.

1. Where would you rather be on a Saturday afternoon?
   _____ at the beach
   _____ in the woods
   _____ in a discount store

2. How do you learn best?
   _____ through lectures
   _____ through independent studies
   _____ through seminars

3. Which would you give the lowest priority to today?
   _____ space
   _____ poverty
   _____ defense
   _____ ecology

To The Teacher

Be sure to have students rank all the alternatives, not just their first choice. Try to have them name their choices instead of saying "2-3-1," or the like; and discourage them from saying, "The same" when their response is identical to the previous student's. Re-naming the choices helps everyone consider the alternatives more carefully.

Sometimes students may want to add alternatives to the choices offered by the teacher. After the initial ranking is completed, the teacher may say, "It's possible that many of you have other ideas that don't appear here that you would include if you had made up this rank order. Are there any other alternatives you'd like to add to our list? How would you rank them?"

The rank order strategy can be used in a number of ways. The teacher or students can put one or two rank order questions on the blackboard each day. Students may think about and discuss them whenever they have time.

The teacher may make up several rank order questions related to the lesson for the day. They may be used as lead-ins to create interest and spark discussion, as midway activities to summarize and give new life to the lesson, or as closing activities to give the students something to mull over after the class.

Or the teacher may give students several rank order questions during the last five minutes of the class when their attention has begun to wander. It is very likely that they will find themselves wanting to stay beyond the bell.

Students may be asked to make up rank order questions based on their own concerns. They will most likely pose questions that you might never have thought to ask.

Sometimes the teacher will create a rank order question spontaneously when a class discussion on some issue raises several alternatives.

FISHBOWL (1 TO 8 PERSONS)

Have group of students seat themselves in a circle ("Fish" in a fishbowl). An empty chair is used as a part of the circle. The remaining students form a larger circle surrounding the smaller group.

The "fish" interact in discussion about a given topic. Each member of the outer group is to remain silent, listen actively and observe one person in the inner circle who faces him in a position opposite him. Anyone in the outer circle who wishes to speak may do so by sitting in the empty chair. He may occupy the empty chair if he wishes to:

1. Make an observation about how any of the "fish" are functioning in the fishbowl or make an observation about the total group.
2. Ask a question, or
3. Provide information or make a statement about the subject being discussed.

The chair *must* be vacated as soon as the person completes one of the three conditions. Some of the observers (outer circle) might rotate into the inner circle and have inner circle become observers.

Alternative procedures:

1. Direct each student in the outer circle to observe a particular student within the fishbowl.
2. Allow each "fish" to select a student(s) in the outer circle to help "coach" him.
3. Permit observer/listener to participate in the fishbowl by "tapping-out" one of the members of the outer circle. The observer listener leaves his seat, taps a "fish" on the shoulder and takes his place in the fishbowl and remains thereafter unless he himself is "tapped out."

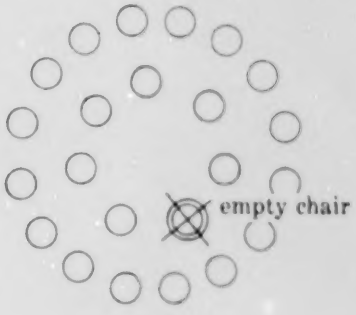
In order for the fishbowl technique to be effective, it is important that:

1. The assigned task be clear, specific and manageable.
2. No talking takes place between the inner circle "fish" and the outer circle of listener observers.
3. No talking takes place among listener observer.
4. "Fish" remain silent and listen when process feedback is given by the listener observer, though feedback may often induce defensive responses in "fish."
5. When an empty chair is available, the student can occupy the chair only long enough to ask his question, make his observation or offer his informational comment.
6. The instructor explains that feedback should be intended to be helpful to the fish, in order to improve their work and communication of skills. The "fish" can choose to completely ignore the feedback or deal with it in discussion or action.

Purpose

To observe and listen to a small group discussion as if that small group were isolated in a fishbowl. The fishbowl arrangement:

1. Can be used as a means to:
   a. initiate planning
   b. report out or give feedback
   c. check direction and progress
   d. raise questions
   e. summarize learnings
   f. check out feelings
2. Allows for thoughts, feelings and ideas held by a few participants to be heard by a maximum number of students.
3. Allows for optimal verbal participation and active listening by observers within a given block of time.
4. Heightens awareness of self and others through increased observation and communication skills.
5. Provides opportunities, through coaching, for students to support one another and develop a sense of responsibility.



FISHBOWL DIAGRAM

CLASSROOM ACTIVITIES for STUDENT INVOLVEMENT

Brainstorming
Buzz Sessions with feedback
Case Study
Communications Skills
Confrontation
Debates
Field Trips
Fishbowl with feedback
Guest Speakers
Hot Seat
Panels
Problem Solving
Rap Sessions
Reaction Panels
Role Playing
Sociodramas
Surveys — student design
Values Clarification

SUGGESTED READING

Harris, Thomas A., M.D. *I'm OK — You're OK.* New York: Harper & Row, Publishers, 1967.

Hoover, Kenneth. *A Handbook for High School Teachers.* Boston: Allyn and Bacon, Inc., 1971.

James, Muriel and Dorothy Jongeward. *Born to Win: Transactional Analysis with Gestalt Experiments.* Reading, Massachusetts: Addison-Wesley Publishing Company, 1971.

Reichert, Richard. *Self-Awareness through Group Dynamics.* Dayton, Ohio: Pflaum Standard, 38 West Fifth St., 1970.

Raths, Louis, Merril Harmin and Sidney B. Simon. *Values and Teaching.* Columbus, Ohio: Charles E. Merril Publishing Company, 1966.

Simon, Sidney, Leland W. Howe and Howard Kirschenbaum. *Values Clarification: A Handbook of Practical Strategies.* New York: Hart Publishing Company, Inc., 1972.

Morse, Charles and Ann Morse. *Whobody There?.* Winona, Minnesota: St. Mary's College Press, 1973.

VALUES MATERIALS AVAILABLE FROM THE ADIRONDACK MOUNTAIN HUMANISTIC EDUCATION CENTER

1. *Values and Teaching* by Louis Raths, Merril Harmin & Sidney D. Simon. (Columbus, Ohio: Charles E. Merril, 1966) The basic text on the "values clarification approach." $4.25

2. *Values Clarification: A Handbook of Practical Strategies for Teachers and Students* by Sidney Simon, Leland Howe & Howard Kirschenbaum. (NY: Hart Publ., 1972) 79 methods for values clarification are described with instructions for the teacher and numerous examples of the basic strategies. $4.25 (Cloth, $7.50)

3. *Clarifying Values Through Subject Matter* by Merril Harmin, Howard Kirschenbaum & Sidney Simon. (Minneapolis: Winston Press) A three level theory of subject matter with examples of how every subject in the curriculum can be taught with a focus on values. $2.50 (Published 1973)

4. *WAD-JA-GET? The Grading Game in American Education* by H. Kirschenbaum, Sidney Simon & Rodney Napier (NY: Hart Publishing 1971) Pros. Cons, history, research, alternatives-built into an easy to read novel. $2.25 (Cloth, $7.50)

5. *Freedom to Learn* by Carl R. Rogers (Columbus, Ohio: Charles Merril; 1969) A basic text in humanistic education. $4.25

6. *Understanding the Problem Child* by Louis Raths & Anna Burrell (West Orange, NJ.: Economics Press, 1963) Title should be "Understanding People"; has 200 suggestions to help teachers meet the emotional needs of students. (This pamphlet is the foundation of "IALAC.") $1.50

7. *Humanisticography* by John Canfield & Mark Phillips. An annotated resource guide to over 130 books, films, tapes, simulations, classroom exercises book, curricula, journals & organizations in the field of humanistic education. 50¢

8. "How Can We Teach Values" a three article pamphlet containing "Three Ways to Teach Church School" and "Your Values are Showing" by Sidney Simon, and "How Can We Teach Values?" by John Westerhoff. 50¢

9. "Values Clarification at the Family Table" by Kirschenbaum and "Dinner Table Learning" by Simon. Two related articles in one pamphlet. 50¢

10. "Teaching Environmental Education with a Focus on Values" by Clifford Knapp. Many good exercises and activities. 40¢

11. "What is Humanistic Education?" by Kirschenbaum. 10¢

12. "An Annotated Bibliography on Values Clarification" by Kirschenbaum and Glaser. 60¢

Numbers 13-26 are article reprints and cost 30¢ each.

13. "Teaching English with a Focus on Values" by Kirschenbaum & Simon.

14. "The Free Choice English Curriculum" by Kirschenbaum.

15. "Teaching History with a Focus on Values" by Harmin, Simon & Kirschenbaum.

16. "Teaching Afro-American History with a Focus on Values" by Simon & Carnes.

17. "Teaching the Black Experience" by Kirschenbaum.

18. "Teaching Science with a Focus on Values" by Harmin, Kirschenbaum & Simon.

19. "The Search for Values with a Focus on Math" by Harmin, Kirschenbaum & Simon.

20. "Teaching Home Economics with a Focus on Values" by Kirschenbaum.

21. "The Listening Game" by Kirschenbaum (communications exercises)

22. "Sensitivity Modules" by Kirschenbaum & Simon (activities)

23. "Values-Clarification vs. Indoctrination" by Simon (theory)

24. "Values" by Harmin and Simon (theory and bibliography)

25. "Doing Something About Values" by Gary

26. "Sexuality in Schools" by Marianne Simon & Sidney B. Simon

Number 27 is on cassette tapes.

27. "Values is Teaching" by Dr. Sidney B. Simon. two cassettes $10.00

The following is available upon request.

28. An annotated list of materials on grading and evaluation alternatives.

Non-tax-exempt New York State residents please add 7% sales tax. No purchase orders please. Send your order with payment to:

Adirondack Mountain Humanistic Education Center
Upper Jay, New York 12987

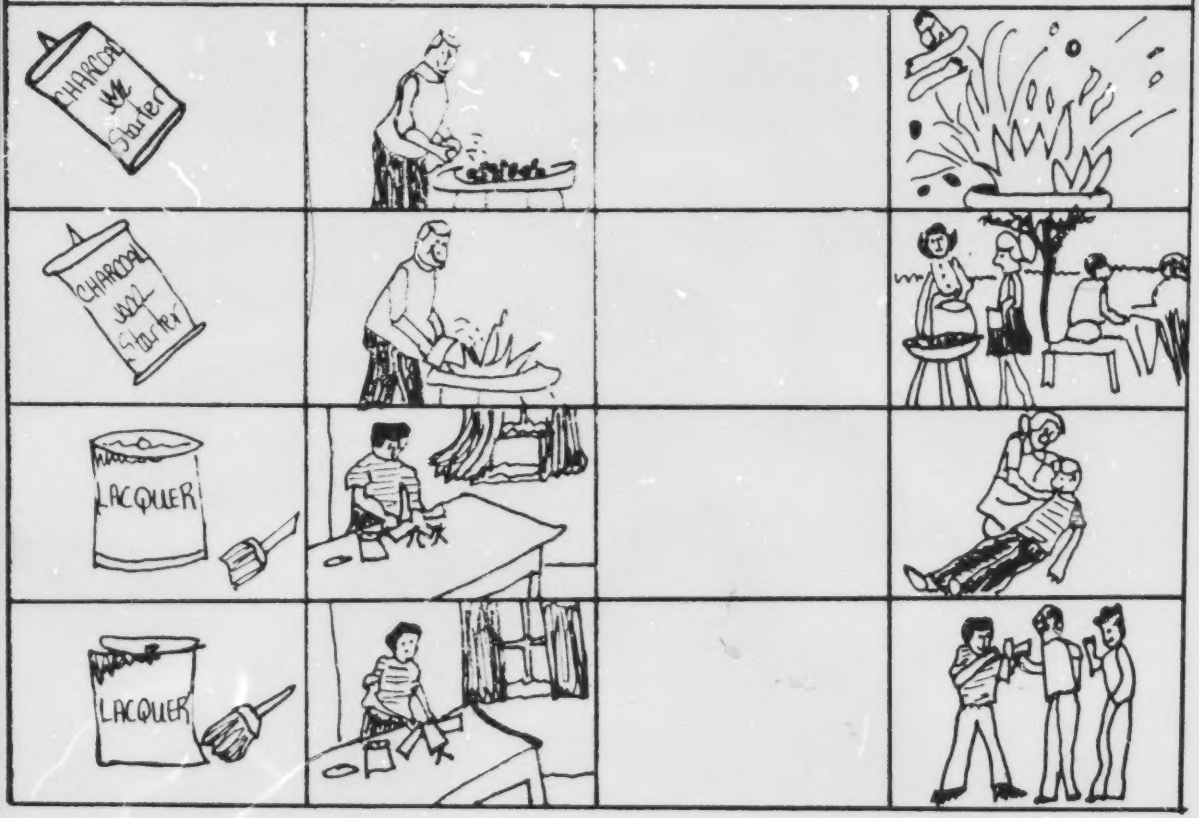
APPENDIX

My Good Habit

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.

The Use and Misuse of Household Substances

Finish Each Story



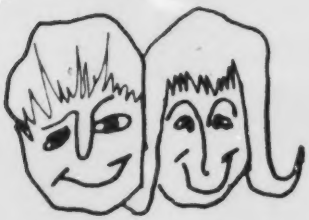
Who Can Help You?

Policeman

Doctor

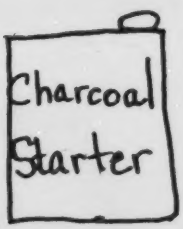
Fireman

Teacher



Mom and Dad

(Stranger)



Common Household Substances

Outdoors	Indoors	Both	Spray	Liquid	Solid

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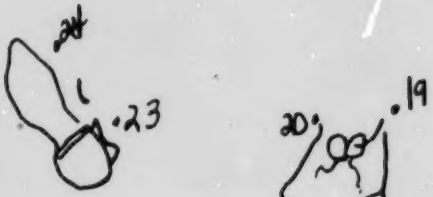

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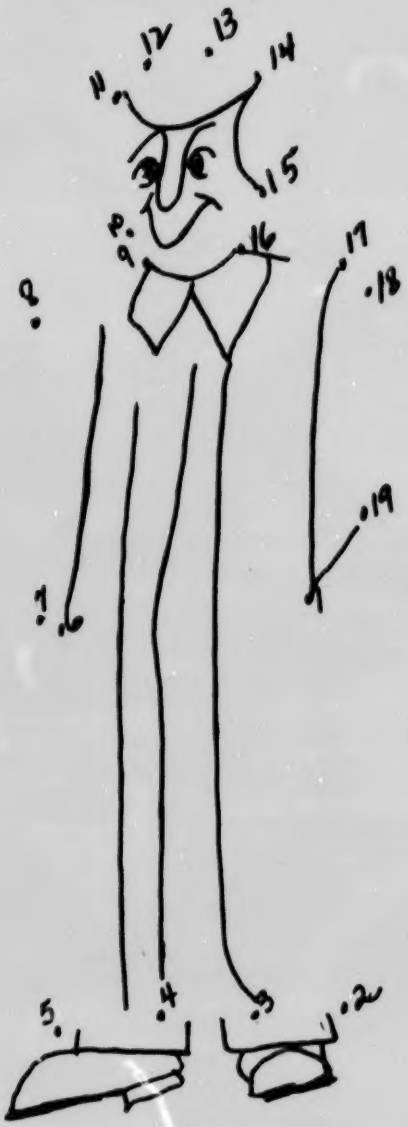
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Disease	Cause	Scientist	Cure or Treatment

SMOKING MACHINE

Time: 15 Minutes

Equipment and Supplies:

large gallon jar with a two-hole stopper
cigarettes
delivery tubes
cigarette holder
vacuum pump

Procedure:

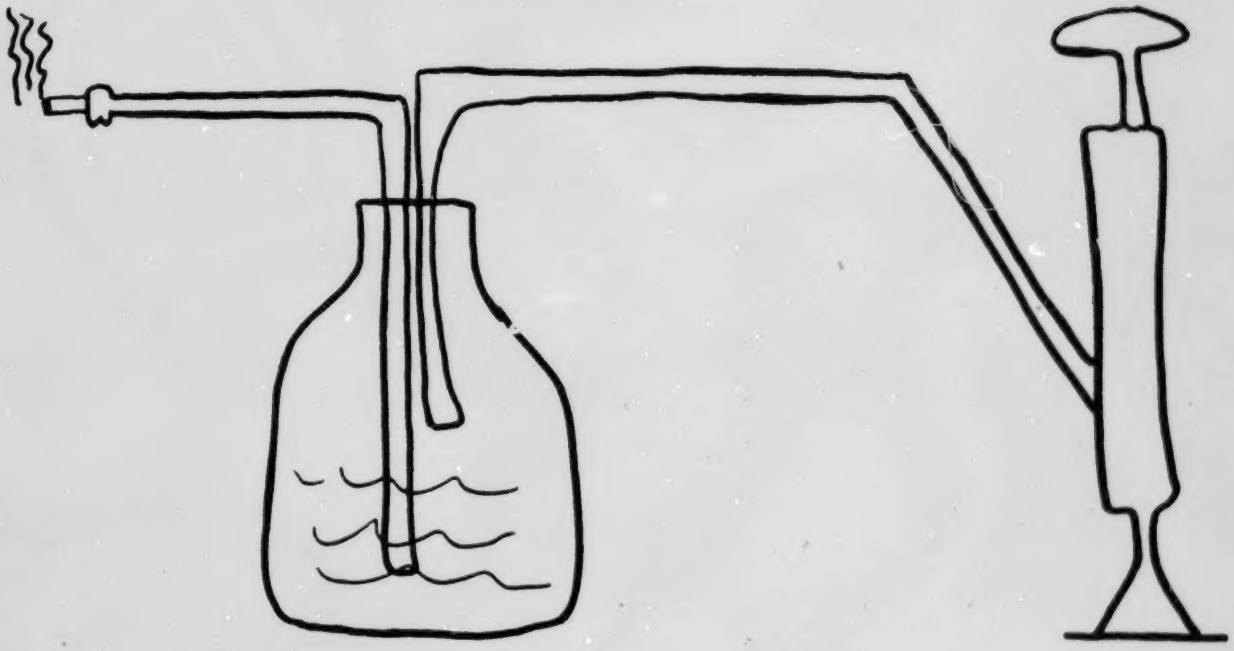
Assemble cigarette separating apparatus as shown in diagram.

Fill the gallon jar half full with water. Place cigarette in intake and light

Pump vacuum pump so as to draw smoke from cigarette into gallon jar and water.

Pump until cigarette is burned completely. Replace with additional cigarette until tars can be seen in water.

Have pupils examine color of water, smell, and taste the liquid. Pupils will draw conclusion regarding cause and effect relationship.



Prescription Form

PHONED A.M. P.M.	PROMISED	DELIVER	WILL CALL	WELFARE	MEDICARE

FOR _____ AGE _____

ADDRESS _____

℞

☐ LABEL

REFILL _____ TIMES

BNDD NO. _____ _____ M. D.

DATE _____ _____ ADDRESS

Diseases	Amphetamines	Barbiturates	Pain Relievers	Disorders	Amphetamines	Barbiturates	Pain Relievers

People — Their Responsibilities in Controlling Drugs

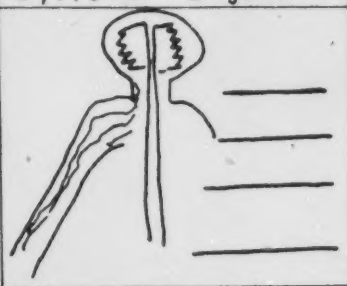
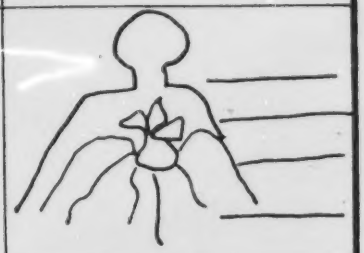
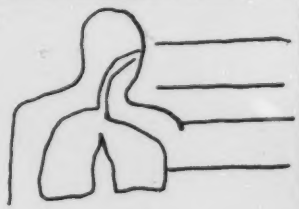
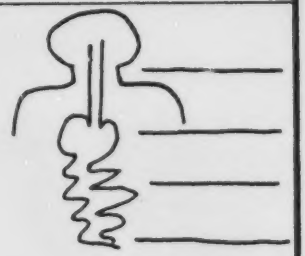
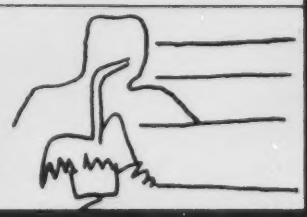
F.D.A.
Manufacturer
Physician
Nurse
Pharmacist
Law Enforcer
Parent
Me

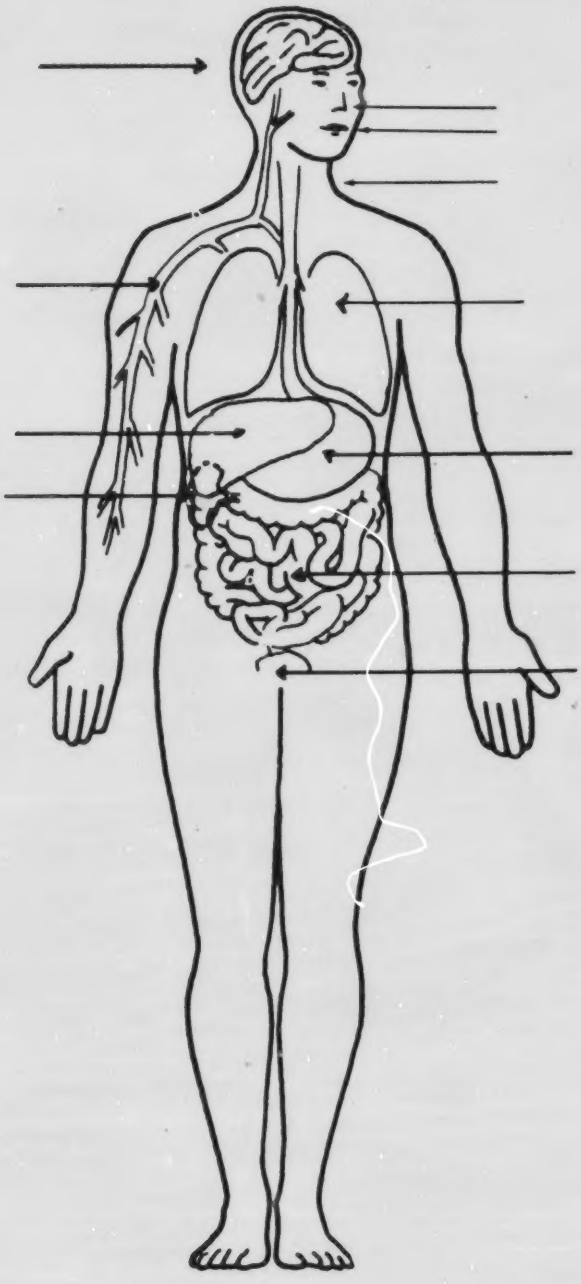
KINDS OF DOCTORS

Match the following doctors with what they do:

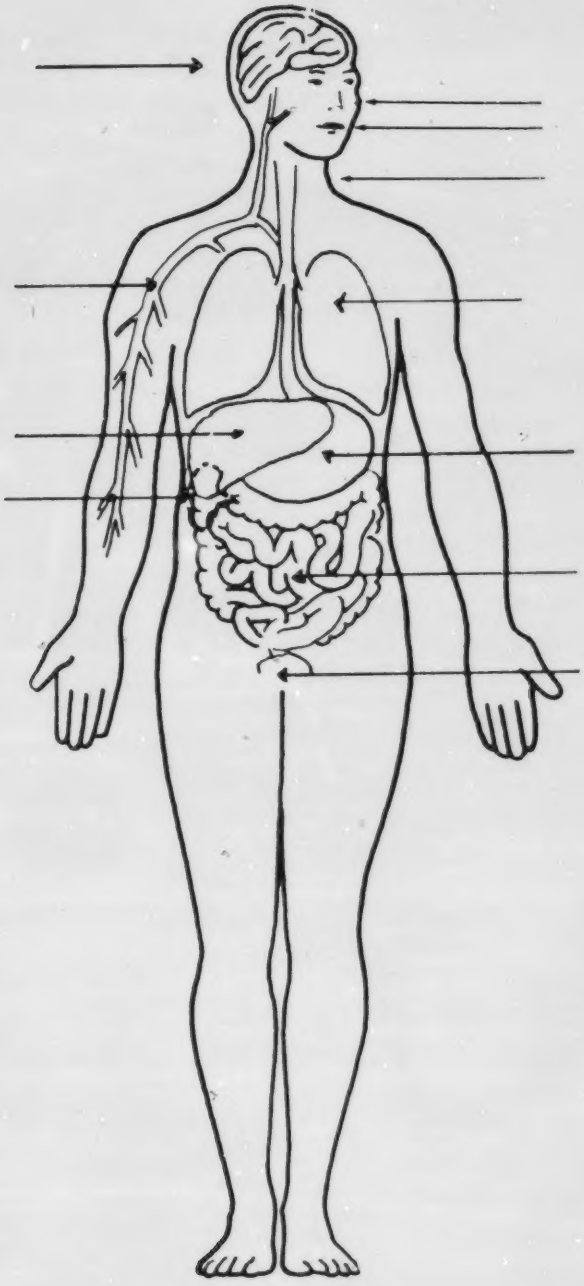
_____ 1. Cardiologist	A.	Eye Surgeon
_____ 2. Dermatologist	B.	Treats Allergies
_____ 3. Internist	C.	Skin Graft Specialist
_____ 4. Neurologist	D.	Corrects and prevents tooth irregularities
_____ 5. Pediatrician		
_____ 6. Psychiatrist		
_____ 7. Orthopedist	E.	Skin Specialist
_____ 8. Ophthalmologist	F.	Cares for and treats expectant mothers
_____ 9. Plastic Surgeon		
_____ 10. Hematologist	G.	Bone Specialist
_____ 11. Allergist	H.	Brain Specialist
_____ 12. Orthodontist	I.	Heart Specialist
_____ 13. Obstetrician	J.	Treats and cares for infants and children
	K.	Diagnoses and treats diseases of the internal organs
	L.	Blood Specialist
	M.	Doctor of Mental Health

The Effects of Drugs on the Systems

Functions	Systems & Organs	Drugs	System or Organ Affected
A. _____ System helps you think - carries messages to the brain - helps you feel		Depressants 1. _____ 2. Heroin 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
B. _____ System. pumps blood to all the body parts — carries digested food to all body parts — takes used blood back to the heart		Stimulants 1. Cocaine 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
C. _____ System helps you breathe - brings fresh air to your body - lets out polluted air		Hallucinogens 1. _____ 2. _____ 3. L.S.D. 4. _____	1. _____ 2. _____ 3. _____ 4. _____
D. _____ System helps you eat - helps break apart food - helps digest food - gets rid of unused food			
E. _____ System part of alimentary canal - It is concerned with the separation of food that cannot be digested.			



Label the body parts affected by tobacco (smoking).



Label the body parts affected by tobacco (smoking).
Emphasize—lungs, mouth, throat, heart, stomach, nose.

BODY PARTS AFFECTED BY THE USE AND ABUSE OF DRUGS

Find and circle 12 words related to the body parts affected by the use and abuse of drugs. Words may be from left to right, top to bottom, and diagonally in any direction.

B	R	X	M	R	T	G	I	Z	L	H
H	R	W	I	Q	P	B	O	T	E	H
C	T	A	O	R	H	T	H	S	E	C
A	V	E	I	N	S	C	N	A	P	S
M	A	U	N	N	F	N	R	O	Y	K
O	A	L	T	E	E	T	H	E	M	I
T	C	P	E	U	L	U	N	G	S	N
S	N	O	S	E	C	D	S	M	O	T
G	D	Z	T	O	I	H	T	U	O	M
K	S	F	I	K	B	S	T	U	U	C
Z	L	R	N	X	A	G	B	R	M	X
O	M	T	E	P	M	Q	X	S	F	L
A	Z	U	S	F	P	C	D	L	X	Y

Brain
Heart
Mouth
Stomach
Nose
Kidneys
Lungs
Veins
Throat
Intestines
Skin
Teeth

DRUG EDUCATION WORDS

Find and circle at least 18 words related to drugs and health in the chart below. Words may be from left to right, top to bottom, bottom to top, and diagonally in any direction.

R	D	E	R	C	B	A	G	L	U	E	T	R
O	I	O	E	D	N	L	P	T	R	Y	O	M
B	P	I	L	L	U	C	C	I	P	O	B	E
L	Y	C	G	H	R	O	F	B	P	Q	A	M
I	D	B	H	N	S	H	C	A	O	T	C	E
C	O	F	F	E	E	O	B	H	I	R	C	D
A	B	C	D	P	X	L	S	J	S	S	O	I
S	U	D	R	U	G	S	I	C	O	K	E	C
O	H	E	A	L	T	H	C	K	N	R	A	I
D	O	C	T	O	R	U	K	L	M	T	E	N
A	H	I	A	S	P	I	R	I	N	S	T	E
R	P	O	E	T	A	L	O	C	O	H	C	T

Poison
Sick
Glue
Habit
Drugs
Medicine
Aspirin
Tea
Coke
Pill
Coffee
Nurse
Chocolate
Tobacco
Alcohol
Doctor
Health
Soda

Drugs are stored at home in the family medicine cabinet.

LIST SOME DRUGS FOUND IN YOUR MEDICINE CABINET AT HOME:

1.

2.

3.

4.

5.

6.

COLOR

Drugs help you get well when they are prescribed by your doctor and given to you by your parents. HOW MANY TIMES HAVE YOU BEEN TO THE DOCTOR?

WHY DID YOU GO TO THE DOCTOR?

COLOR

Only parents give you drugs. You must never take anything from the medicine cabinet by yourself. NAME SOME DRUGS YOUR PARENTS HAVE GIVEN YOU.

RESOURCE ADDRESSES

A. PRINTED MATERIAL

1. Books

Alabama Department of Public Health
Bureau of Dental Health
State Office Building
Montgomery, Al 36130

2. Pamphlets

Alabama Association for Mental Health
901 South 18th Street
Birmingham, Al 35205

Alabama Council on Alcohol Problems
807 South 20th Street
Birmingham, Al 35205

Alabama Dental Association
836 Washington Avenue
Montgomery, Al 36104

Alabama Department of Mental Health
Information Service
502 Washington Avenue
Montgomery, Al 36104

Alabama Department of Public Health
Reference Library
State Office Building
Montgomery, Al 36130

Alabama Department of Public Health
Bureau of Dental Health
247 State Office Building
Montgomery, Al 36130

Alabama Heart Association
706 1/2 - 29th Avenue, South
Birmingham, Al 35233

Alabama State Department of Education
State Office Building
Montgomery, Al 361[illegible]0

Alabama State Department of Education
Drug Education Resource Center
University Station
Birmingham, Al 35294

Alabama Tuberculosis Association
900 South 18th Street
Birmingham, Al 35205

American Cancer Society
Alabama Division
2169 Green Springs Highway
Birmingham, Al 35205

Commission on Alcoholism
Washington Avenue
Montgomery, Al 36104

B. AUDIOVISUALS

1. *Films*

Alabama Association for Mental Health
901 South 18th Street
Birmingham, Al 35205

Alabama Department of Mental Health
502 Washington Avenue
Montgomery, Al 36104

Alabama Department of Public Health
Film Librarian
Bureau of Primary Prevention
Room 204, State Office Building
Montgomery, Al 36130

Alabama Heart Association
706 1/2 - 29th Avenue South
Birmingham, Al 35233

Alabama State Department of Education
Drug Education Resource Center
University Station
Birmingham, Al 35294

Alabama Tuberculosis Association
900 South 18th Street
Birmingham, Al 35210

American Cancer Society
Alabama Division
2160 Green Springs Highway
Birmingham, Al 35205

Parents and Teachers Association, Alabama
492 South Court Street
Montgomery, Al 36104

2. *Filmstrips*

Alabama Department of Public Health
Film Librarian
Bureau of Primary Prevention
Room 204, State Office Building
Montgomery, Al 36130

Alabama State Department of Education
Drug Education Resource Center
University Station
Birmingham, Al 35294

American Cancer Society
Alabama Division
2160 Green Springs Highway
Birmingham, Al 35205

Educational Products
Division of EDSCO Industries, Inc.
1230 First Avenue, North
Birmingham, Al 35203

3. *Posters*

Alabama Department of Public Health
State Office Building
Montgomery, Al 36130

Alabama Heart Association
706 1/2 - 29th Avenue, South
Birmingham, Al 35233

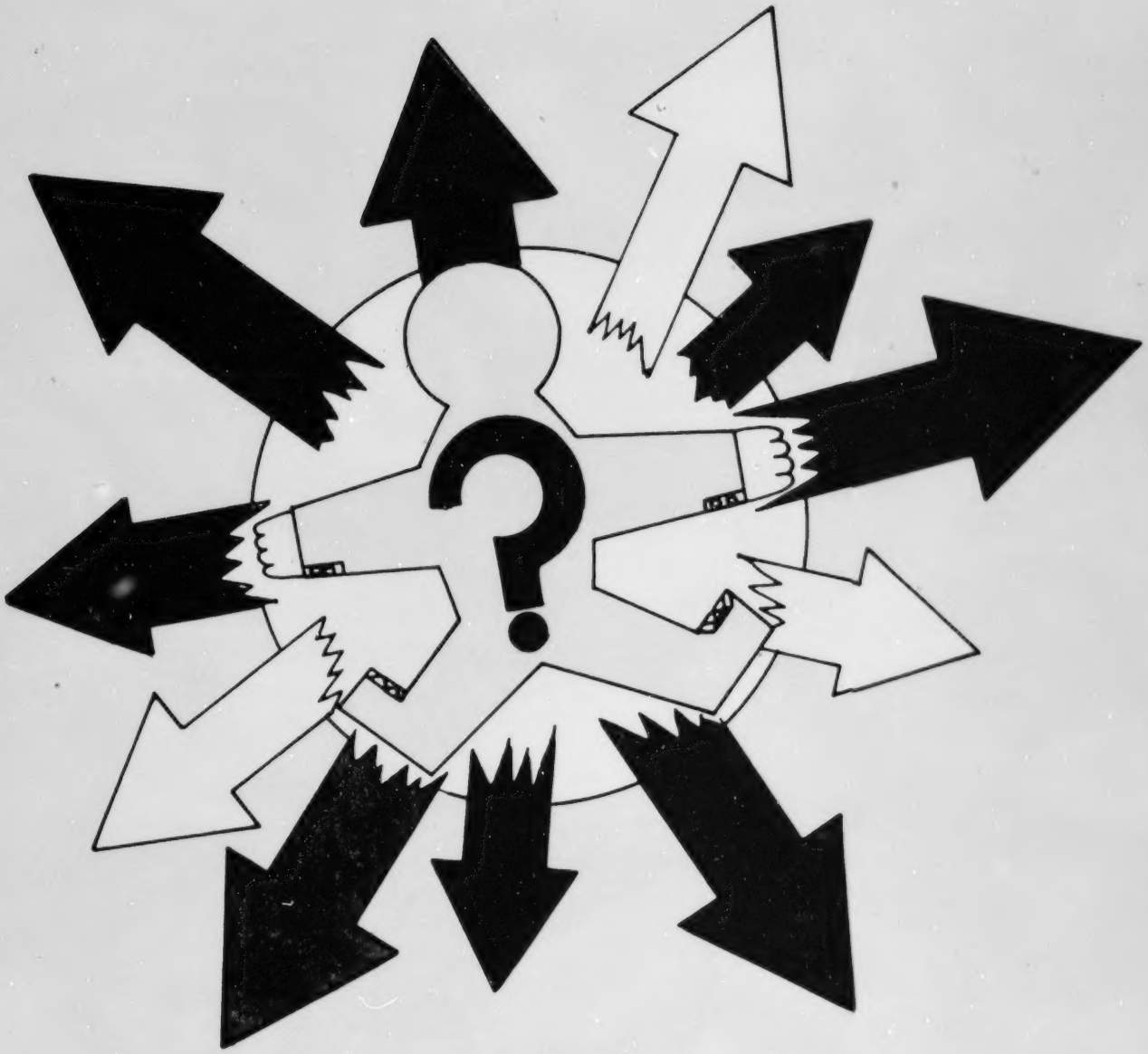
Alabama Tuberculosis Association
900 South 18th Street
Birmingham, Al 35205

American Cancer Society
Alabama Division
2160 Green Springs Highway
Birmingham, Al 35205

4. *Transparencies*

Educational Products
Division of EDSCO Industries, Inc.
1230 First Avenue North
Birmingham, Al 35203

DRUG EDUCATION AUDIOVISUALS



ALABAMA STATE DEPARTMENT OF EDUCATION

1977

DRUG EDUCATION

AUDIOVISUALS

W. C. Berryman, Director
Division of Instruction

Wayne Teague
State Superintendent of Education
Alabama State Department of Education
State Office Building
Montgomery, Alabama 36130

June 1977

AUDIOVISUAL AIDS

DRUG EDUCATION

ALABAMA STATE DEPARTMENT OF EDUCATION

For several years the State Department of Education has provided a film loan service in the broad area of drug education. This service is still available with efforts constantly being made to keep the audiovisual library current and functional.

Persons wishing to take advantage of this service should send in their requests well in advance of the time needed. It is desirable that the request include the date preferred, along with one or two alternate dates, as well as one or two film alternates in case the one desired is already scheduled. Requests should be mailed to:

State Department of Education
Drug Education Resource Center
University Station
Birmingham, Alabama 35294

The Drug Education office will make a special effort to mail every film in time for it to be received and previewed before the date it is to be shown. The borrower should return the film as soon as possible. If the film cannot be returned on time please phone the Birmingham Resource Center. The number is 934-5025. Precaution should be taken to ensure that the film is not abused and is returned in its proper form.

It is suggested that the coding system be observed in showing the films. For example, some films are designed for senior high or college students and adults. These films should not be shown to elementary students, since they would not be effective and could possibly have an adverse effect.

This service is provided free of charge as a part of the Drug Education Program in the State of Alabama but can continue only with your support.

Due to the excessive damage to films during the last calendar year the State Department of Education is requesting that each person be extremely careful with any films they borrow. When using these films, please check for the following:

1. Your projector is operating properly
2. The film is properly threaded
3. The sprockets are correctly in place
4. Rewind film after viewing
5. Replace film in properly labeled container

Last year the majority of film damage was caused by improperly threaded projectors. Please help us be able to continue this service by lowering our repair and replacement costs. Thank you.

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Coding System

el - elementary
jh - junior high
sh - senior high

r - record 33 1/3 RPM

c - college
ad - adults
ca - cassette

A TIME FOR DECISION - 29 min color

sh - c - ad

Shows dramatically the problem of the compulsive drinker, and how his family can find guidance in attaining a normal life, even though the alcoholic may continue drinking. Practical in its approach, this film focuses on a grave social problem to show how communities can have various resources to provide hope and guidance to all victims of alcoholism.

ALCOHOL: THE FIRST DECISION - A Don Dickerson Film 9 min color

el

Young people are confronted with invitations to drink at every turn. They see their parents drink. Newspapers, magazines, and billbcards are filled with advertisements for liquor. Alcoholism is made a subject for levity on radio and television. In this milieu, students are faced with the need to make their own decision about drinking.

ALCOHOL AND RED FLARES - Sid Davis Productions 20 min color

sh - c - ad

There is a critical need for informing every driver on the basic, life-saving facts of the relationship of alcohol to traffic accidents. Designed for use by educational institutions, clubs, law enforcement agencies and all other organizations concerned with safety on our streets and highways, "Alcohol and Red Flares" fills that need.

ALCOHOL AND YOU - Max Miller, Avanti Films 25 min color

sh

What are the consequences of dependence on alcohol? This documented treatment of drinking explores the social pressures and drinking habits that can lead an individual into becoming an alcoholic. Medical authorities testify to the ill effects of alcohol.

ALCOHOL AND YOUNG PEOPLE - A Ben Norman Film 13 min color

jh - sh - c - ad

Five teenagers (2 boys and 3 girls aged 14-19) tell their true personal experiences with alcoholism. They are not actors. At least two of them started drinking at age 9, another at 12, and all became alcoholics. They tell how they started, why they continued, and why drinking eventually proved to be a cheat instead of a solution to their problems. Their reasons for drinking included peer pressure, proof of masculinity, loneliness, poor self-image (to the point of attempted suicide), inability to function socially, etc. They describe danger signals of approaching alcoholism: inability to refuse a drink, not drinking "just for fun" anymore, need for a drink to remove fear or sense of inadequacy, etc. Finally, they tell where to find help: doctor, hot lines, school counselors, alcoholics anonymous. As one boy says: "There is help, but ya gotta ask."

ALCOHOL IN THE HUMAN BODY - Sid Davis Production 14 min color

jh - sh - ad

This film is a factual illustration of the effect of alcohol in the human body under varied conditions, for example, when taken on an empty stomach, after a full meal, consumed slowly or quickly, etc.

ALCOHOL, TOBACCO, DRUGS VS PHYSICAL FITNESS - 22 min color

jh - sh - c

A completely unique approach to alcohol, tobacco and drug education for the college student and junior-senior high school boy and girl. Stresses a positive approach to avoidance of stimulants and depressants by emphasizing the relationship of exercise to physical health and the "good life." Depicts young people in popular forms of activity such as cycling, backpacking, skiing, surfing, etc. Stresses the effects of stimulants and depressants on mental and physical performance. Outlines a positive program of activities for balanced fitness.

ALCOHOLISM FILM - National Institute of Mental Health 23 min color

sh - c - ad

Presents causes of alcoholism and excessive drinking tracing development of disorders in a case history of one man. Shows how roots of alcoholism are imbedded in personality difficulties and describes various forms of treatment. Demonstrates role of public clinics.

THE ANSWER IS UNDERSTANDING - National Audiovisual Center 30 min color

c - ad

Film covers the broad scope of drug abuse, including short history of some of the drugs. Designed to help people really understand drugs. Factual, interesting. Ideal for parent or community groups.

ANYTHING FOR KICKS - National Audiovisual Center 10 min color

sh - c - ad

This film portrays in filmograph technique the plight and eventual fate of a teenage couple who become addicted to heroin. Based on the actual words and experiences of the couple, this film dramatically provides an insight into the lifestyle of the youthful, middle-class suburban addict. It also sets the stage for youths and adults to discuss the problem.

BEYOND LSD - Bailey-Film Associates 25 min color

ad

Deals with fears expressed by parents concerning the dangers of the potential use of drugs such as LSD by their teenagers. Parents discuss their attitudes toward behavior popularly associated with LSD use, such as long hair, unusual clothing, and rock music.

CIPHER IN THE SNOW - Brigham Young University 24 min color

el - jh - sh - c - ad

This film has applications in guidance programs, parent education classes, among religious and social workers, teachers, administrators, and youth groups in educational or religious settings.

CLEVER VILLAGE - McGraw-Hill Films 10 min color

jh - sh - c - ad

This is a very ancient moral fable, told in many tongues and in many forms. Here, in animated figures, the fable raises questions on the human tendency to create new problems while trying to solve old ones. Viewers can reflect on the futility of attempts to remedy social problems piecemeal, without an overall plan in mind.

COPING WITH PARENTS - A Ben Norman Film 15 min color

jh - sh - c - ad

Three typical conflicts between teenagers and parents are dramatized: a girl's mother nags her; a boy's father regularly seems to criticize and argue with him; another boy says his mother "has no time for me." The unseen narrator points out that "behavior that gets attention (results) will be repeated" and suggests that the young people are in a sense "rewarding" or reinforcing the undesirable behavior by responding to it: the nagging gets the table set, the father's criticism gets his son's attention, and the other mother protects herself against ingratitude. The narrator shows them how to change the situations by changing their response and by understanding people's basic needs. Each dramatized situation is replayed, using the narrator's suggestions, and shows a positive solution to the problem.

CURIOUS ALICE - National Audiovisual Center 12-15 min color

el

Capitalizes on characters from Alice in Wonderland to describe the dangers of drug abuse. Alice is seen touring a strange land where everyone has chosen drugs. She concludes that drug abuse is senseless.

DANGER! Poison - Film Fair Communications 13 min color

el

Here's a film that all children should see. It systematically identifies household places where they might find poisons. It then reinforces the ideas that they should never sniff or taste such materials and should be careful to keep them away from little children. The kitchen, the laundry, the garage and garden storage are the danger spots. In addition, harmful plants are identified. The skull-and-crossbones symbol and the words "danger" and "poison" are repeated frequently during the film. The encouragement to teach and protect the little ones will serve to protect the "teachers", too.

DRIVING WHILE INTOXICATED (D.W.I.) - Professional Arts Inc. 28 min color

sh - c - ad

These filmed incidents were made with the help of D.W.I.'s who agreed to share their experiences in order that other D.W.I's might learn from them and, hopefully, change their drinking-driving patterns.

The incidents were selected because they were dramatic and visually interesting but mostly because they picture a variety of alcohol-related driving problems and encourage many questions appropriate for group discussion.

DRUGS: THE FIRST DECISION - Don Dickerson Films 8 min color

el

Students may begin using drugs out of curiosity or out of a deeper psychological need. Through interviews and review of case studies of teenage drug users the effects of drugs on young lives are explored. Young people will be encouraged to look for positive alternatives to drug exploration.

DRUGS ARE LIKE THAT - Benchmark Films 17 min color

el

This film avoids the "strike fear into their hearts" authoritarian approach which usually results in children repressing the subject, or rebelling against an authority figure. The psychological reasons for drug abuse, its hazards, and the difficulty of stopping are presented in six sequences.

DRUGS, DRINKING AND DRIVING - 18 min color

jh - sh - ad

Physiological and psychological experiments at U.C.L.A demonstrates the effects that alcohol and drugs can have on driving. Animation shows effects on the human nervous system in this powerful and important film.

EASY WAY OUT - ACI Films, Inc. 8 min color

el - jh

Some of the problems facing young people today are introduced. There are ways of escaping the necessity of making one's own decisions - by slipping into the unreal world of drugs and alcohol. Is such escape really harmful? To help the viewer find an answer to that question, the film shows a parallel situation in nature. Chicks hatching from eggs must struggle to break free of the eggshell. It is a long, exhausting struggle, but it helps the chick to develop the necessary strength to stand on its legs and start an independent life outside the egg. In a hatchery, we see chicks hatching and struggling. Then a few of the chicks are helped out of the shells, so they emerge without effort. The naturally hatched chicks are soon running about; the chicks which were helped can hardly stand and may never catch up in development. To the human personality, also, struggle is a natural part of development, and to escape it through use of drugs or alcohol may do serious psychological damage.

FATHER MARTIN'S CHALK-TALK ON ALCOHOLISM - Maryland State Department of Health & Mental Hygiene - U.S. Navy Human Resource Project

ad

Part I 44.5 min color

A comprehensive lecture on alcohol and alcoholism. Using a chalkboard to illustrate his discussion, Father Martin describes the sociological transition from milk--to soft drinks--to coffee--to alcohol. Discusses the nature of alcohol and explores some myths surrounding its use and effect.

Part II 22.5 min color

He describes the alcoholic and stresses the importance of recognizing alcoholism. The alcoholic will not voluntarily seek help on his own.

FIRST CIGARETTE - A Don Dickerson Film 9 1/2 min color

el

An increasing number of elementary-age children are beginning to use cigarettes. In this open-ended film, smokers and nonsmokers-including young people-discuss the pressures that prompt smoking, arguments against it, and the difficulties encountered when one decides to stop. Viewers are encouraged to make their own decision: to smoke or not to smoke.

FIVE NEW TRIGGER FILMS SERIES: - Addiction Research Foundation

ad

This series of five short trigger films focuses dramatically on a major theme or issue and opens the way to group participation. Each film is accompanied by a complete kit containing a discussion guide, program-planning aids, and basic background information.

1. AFTER HOURS - 3 min 20 sec color

An employee of a helping agency bends the rules to deal with a client's problem. Who is at fault: troubled people who can't or don't know how to use help they are offered, or a fragmented system of community care?

2. CHEERS - 4 min 20 sec color

Shows scenes of underage drinking situations and raises questions about teenage and adult behavior and parental attitudes and beliefs.

3. EVERYONE A WINNER - 3 min 27 sec color

Breakfast-time conflict in a family is resolved with anger, slamming, and retreat. The wife turns to a drink and a phone call to mother.

4. PRIME OF LIFE 2 min 17 sec color

Insecure at work and his job at stake, a pressured salesman comes home to find domestic problems. How will he cope?

5. SCHOOL DAYS - 2 min 20 sec color

A teacher, harried with work, finds three students loitering near a locker. Suspicions aroused, he decided one boy is wrong and takes him to the school office. Portrayal of school discipline and students' rights.

FOR ADULTS ONLY - Professional Arts, Inc. 28 min color

ad

Dr. Allen Cohen discusses drug-related situations which often lead to communication breakdowns between adults and their children. It is directed toward the biases and mythologies of middle-class adults with little previous drug education. Actors, who play the roles of mother, father, daughter, teacher, and director suggest approaches and situations for the film which are then dramatized, discussed, revised, and redramatized.

FROM ADULT TO CHILD--EASY DRINKS - Aetna Life and Casualty 16 min color

sh - c - ad

This film will provide participation with subject matter for discussion pertaining to the reaction to alcohol.

GLASS HOUSES - Nolan, Wilton and Wootten Inc. 22 min color

sh - c - ad

A film dealing with barbiturates and amphetamines. It records thirteen extemporaneous comments from blacks, whites, chicanos, young, rich, and poor about their personal experiences. No pharmacological information is presented and the discussion of drugs effects is essentially subjective. It takes no summary statement regarding drug use; therefore, a careful discussion is recommended following the film.

GO ASK ALICE - Consolidated Film Industries 1 hr. 20 min color

jh - sh - c - ad

This three-part film depicts the life of a young teenage girl who became involved in the drug scene. The story is based on a diary written and later found by the girl's parents after her death. The film was produced in the hope of helping other young people make wiser decisions concerning drug involvement.

This movie has been shown on television several times and is considered excellent viewing for all age groups.

GUIDANCE FOR THE 70'S: SELF-ESTEEM 17 3/4 min color

jh - sh

How do you see yourself? Do you have a good image of your abilities? What is "self-image?" How does a person build self-esteem? Young People at a seminar form images in clay of their self-image and discuss and evaluate the figures. We learn that it is important to build good feelings about ourselves because self-esteem is a basic quality of an effective human being.

HASSLES AND HANGUPS - Avanti Films 29 min color

jh - sh - c - ad

Without moralizing, this film realistically presents a variety of common problems related to sex and sexual identity, as well as those relating to drugs, authority, and interpersonal relationships. Self-esteem and the positive relationship to reality is stressed to round out this in-depth look at ourselves. The film invites the examination and understanding of seemingly trivial hassles before they develop into serious hangups. Viewers are given an insight into the cause and effects of their own problems and are led to a greater understanding of the problems of others in their lives.

HEROIN - Medi-Cine Films 22 min color

sh

This film deals with the expectations of drug users, the addition cycle, and the goals and problems of substitutive programs such as methadone therapy. Interviews with professional members of treatment and rehabilitation centers and ex-addicts reveal there is no disagreement about the damaging effects of heroin use.

HOLY SMOKE - Billy Bud Films, Inc. 8 min color

el

Holy Smoke is an attempt to express how the young themselves feel about drugs and, more importantly, to show how those with more insight among them would deal with the problem. In the final segment the film makes suggestions for firming up the foundations of a healthy society and of a healthy individual. On this foundation can be built the information programs and guidance toward self-discipline that enables any individual to control his drug use.

INSIDE/OUT SERIES: - Agency for Instructional Television

el

The interdisciplinary series was designed by health educators and learning specialists to help eight-to-ten-year-olds understand and cope with their emotions.

Portraying experiences common to young lives, the programs deal in new and compelling ways with the social, emotional, and physical problems that have traditionally been the concerns of health educators. It's purpose, like that of health education, is to help young people achieve and maintain well-being.

1. I DARE YOU - 15 min color

Clarissa, wanting to be accepted as a member of the neighborhood gang, has to decide whether or not she should take a potentially dangerous dare.

2. SOMEONE SPECIAL - 15 min color

David has a crush on his teacher and is deeply hurt when he realizes that Miss Simpson doesn't place him above the others, but cares for all of her students equally.

3. TRAVELING - 15 min color

Stuart and the other members of his family have mixed feelings about their impending move from the country to Washington, D.C.

4. YES, I CAN - 15 min color

Nine-year-old David comes up against a problem he hadn't expected when he goes out on his own for an "overnight" at summer camp.

IS IT ALWAYS RIGHT TO BE RIGHT - Stephen Bosustow Productions 8 min color

jh - sh - c - ad

Our world is depicted in an animated cartoon, in which age, race and vocation create factions which impair communication. The gap is reached when people admit that they may have been wrong. The film is narrated by Orson Welles and is not a traditional drug abuse education film. It can be an effective tool for stimulating discussion and values clarification.

IT TAKES A LOT OF HELP - Calvin Laboratories, Kansas City

sh - c - ad

Illustrates the dynamics of an interdisciplinary committee organized to take positive action against a local drug problem. The community, Cedar Rapids, Iowa, and the members of the drug committee are profiled. The film also identifies a variety of drug programs in other cities.

JOSHUA IN A BOX - Stephen Bosustow Productions 5 min color

jh - sh - c - ad

Designed to promote creative and critical thinking, this non-narrated animated film deals with man's needs, emotions, and values. The symbolic significance of the provocative ending will stimulate many open-ended questions and discussions.

11:59 LAST MINUTE TO CHOOSE - Brentano Foundation 27 min color

sh - c - ad

The film combines dialogue from actual drug users and former users with overdose treatment scenes from a hospital emergency room. The young people who talk about their drug use are extremely credible. Those who have stopped using are able to tell why without an across-the-board condemnation of drugs. It is difficult to predict reaction to this film and careful discussion is recommended. The value lies in listening to the young people's dialogue as it is extremely creditable.

LSD: INSIGHT OR INSANITY - NC-6 28 min color

jh - sh - c - ad

Many bizarre and even fatal accidents have resulted from unsupervised use of LSD. Film documents serious brain damage and personality destruction caused.

MARIJUANA - BFA 26 min color

jh - sh

A good film on one of the leading drugs of abuse. Discusses both sides of the marijuana issue.

MARIJUANA: THE GREAT ESCAPE - Bailey-Film Associates 20 min color

jh - sh

George Willis is a teenager interested in drag racing. He ignores the advice of someone he admires, a top professional racer, and experiments with marijuana. After his girl friend is persuaded by George to try it, she is injured in a car accident and can't attend George's important race. George appears confident of winning, but the final scene involves him in a serious racing crash.

MEETING STRANGERS: RED LIGHT, GREEN LIGHT - A Don Dickerson Film 20 min color

el

This film helps the child to understand what to do when the meeting of strangers might be dangerous. Examples are the overly curious adult who seeks personal information from the unaccompanied child; the driver who professes to need the child's help in finding his way; the stranger who offers gifts, food, or affection; and the false repairman who tries to gain entry into the home.

NOBODY BUT YOURSELF SERIES: - Great Plains National Instructional T.V. Library

el - jh

A series of six films to be used separately or as a part of a total drug education program. Rather than emphasis on drugs and their harmful effects, the behavioral elements are interwoven with factual material. The series has no teacher and no textbook and utilizes the technique of peer teaching. In unscripted dialogue the young people communicate directly with guest specialists such as an attorney, a psychologist, and a national drug consultant. Through fast motion combined with puppetry and dramatic vignettes, the concepts of self-identity, decision making, and alternative solutions are reinforced.

1. DO NOT STAPLE, BEND, OR FOLD - 20 min color

This student-produced film reflects the teenagers' impressions of their fast-paced, high-pressured life. Psychologist James Maloni and students analyze the pressures exerted by their peers as well as parents and teachers. The difficulty and necessity of maintaining one's individuality is illustrated.

2. IT'S YOUR MOVE - 20 min color

Decision making and its application are stressed. Recognition of the availability of help when needed strengthens the individual's capacity for making wise decisions. The series closes by reaffirming that decision making must be a personal matter and everyone must develop the necessary courage to be no one but yourself.

3. TRUTH AND CONSEQUENCES - 20 min color

Young people accepting responsibility for and consequences of their actions is the central theme. This film presents a dialogue between Attorney Thomas Kerr and a group of junior high students. The penalties for transporting, selling, using drugs are among topics covered.

4. UPS, DOWNS, INS, OUTS - 20 min color

Pressures are an inevitable and constant part of life. This film is designed to help students recognize this and to realize there are positive ways of coping with pressure. A student discussion reveals youths; concern with family, social, and world problems.

5. WHO AM I? WHERE ARE YOU? - 20 min color

The need for friendship and understanding is explored. Dr. Gerald Edwards directs a group of junior high students in an exercise to demonstrate the nature of loneliness and each individual's responsibility to reach out to the lonely person and help him feel accepted.

6. YOU - 20 min color

The film introduces two main elements--the behavioral and the factual--through special film effects. Each person is a composite of many personalities and the search for self-identification continues throughout life. Drug use is placed in proper historical perspective and Cyril Wecht, M.D., comments on short- and long-range effects of drug use and abuse.

ONE TO GROW ON SERIES: - National Institute of Mental Health

c - ad

This series of seven films and discussion guides has been designed to stimulate thinking and discussion about mental health issues related to teacher-student interaction in the classroom. Some of the films presented specify classroom techniques but are not intended to "sell" these examples. Three of the films are set in a high school and three are set in elementary schools and deal with problems and a particular program representing an effort to deal with the problems raised in the film. The ultimate objective is to stimulate action and change.

1. A TEACHER IN REFLECTION - (Elementary setting) 10 1/2 min color

This film's purpose is to provide a concrete example of a program which attempts to deal directly with mental health development in the classroom.

2. INDIVIDUALS - (Elementary setting) 17 1/2 min color

An unrehearsed documentary of everyday events in the classroom of an elementary teacher. Provides a concrete example of one innovative program in California. Provokes discussion on self-direction goals and methods of achieving them.

3. LEARNING STRATEGIES - (Elementary setting) 11 min color

The film shows without commentary several activities in various classrooms in which different strategies are being employed with the purpose of helping children learn to guide their own development.

4. LINDSEY - (High School setting) 17 min color

It is anticipated that this film will provoke a discussion about parents and their children in conflict and ways in which conflicts, when unresolved, can be destructive.

5. ONE TO GROW ON - (Elementary & High School setting) 10 min color

Puts series in perspective and establishes goals and expectations of series.

6. PRETTY GOOD CLASS FOR A MONDAY - (High School setting) 25 1/2 min

The film provides a view of individual values of individual students and of the standards of success set by the school or by the community. Its purpose is also to see how the interaction of these value systems affects the learning that occurs in school as well as personal growth.

7. SARAH - (High School setting) 9 1/2 min color

A student faces suspension for missing class because she had an abortion. Two teachers are seriously frustrated in attaining their objectives in confronting this difficult problem. The purpose is to enable viewers to analyze feelings of each person and his decision.

THE PARENT CRUNCH - Agency for Instructional Television 15 min color

c - ad

The film highlights one of the most common stress-producing events in the lives of teachers-the encounter with an angry parent. At such times teachers have to consider not only the feelings of the other person, but their own feelings as well.

THE PEOPLE NEXT DOOR - Bailey-Film Associates 1 hr. 21 min color b&w

sh - c - ad

This three-part story, originally presented as a CBS Playhouse drama, involves two middle-class families who are neighbors. When the daughter of the Mason family has a "bad trip" on LSD, the father blames his long-haired son and evicts him from the house. The Masons ask their neighbors for help and are told to seek understanding with their daughter. Basic disagreement in values results in the daughter's running away to the East Village in New York City, where she is eventually found and brought back home to undergo group therapy with her parents. Therapy proves unsuccessful, and after another "bad trip," the daughter is committed to a mental institution. The neighbors discover that their son has been selling drugs. They turn him over to the police, but he is released on a technicality. On the neighbor boy's arrival home, he is attacked by Mason, who blames him for the daughter's condition. In the final scene the police take Mason away.

The drama refers to various drugs, including alcohol, barbiturates, amphetamines, marijuana, LSD, and STP.

REPLAY - McGraw-Hill Films 8 min color

jh - sh - c - ad

This film has several objectives. It demonstrates that there are points of communication between the generations and today's youth movement does have a sense of value. The film gives a more objective view of present life-styles when seen in contrast to those in the pre-1940's.

SCAG - Encyclopedia Britannica 21 min color

sh - c - ad

Relates in their own words the experiences of two heroin addicts--a middle-class white male and an inner-city black female. Shows trail from a poppy crop in Turkey to streets of New York. Also focuses on rehabilitation centers and use of methadone.

THE SECRET LOVE OF SANDRA BLAIN -Aims Instructional Media 28 min color

sh - c - ad

The film shows, step by step, the progression into alcoholism of a wife and mother. We see how she, in her unrecognized illness, deceives her friends, her family, her physician and herself. In its positive approach to the problem, the film focuses attention on the facilities and treatment and recovery of victims of the disease of alcoholism.

SELF INCORPORATED SERIES: - Agency for Instructional Television

el - jh

This series show the eleven-to-thirteen-year-olds that they are not alone in what they are experiencing and tells them that there are ways to deal with their problems. The series helps young people improve their life-coping skills by involving them personally in the problem-solving process.

1. FAMILY MATTERS - 15 min color

Andy, a teenage girl, is caught in the cross fire of hostile divorced parents, who compete for her affection but never really listen to her. She knows it is possible to have family support even though parents are divorced because she sees an example in the family of her friend Diane. Andy invites both of her parents to watch her swim in a race, and a series of unpleasant confrontations results.

2. MY FRIEND - 15 min color

The purpose of this film is to help students understand that people often feel the need for an ethnic identity, and to encourage them to appreciate the qualities that are common to all human beings.

3. WHAT'S WRONG WITH JONATHAN? - 15 min color

Back home after a ceremony in which Jonathan has been especially honored, he angrily explodes at his mother for no reason. What's wrong? Nothing, except that Jonathan has had a difficult day. Everything has gone wrong--from being late for school to having to do chores when he wanted to go fishing with friends.

SINGLE CONCEPT FILMS - National Audiovisual Center 45-48 min color

jh - sh

A series of nine five- to ten-minute films discusses general scene and different types of drugs. One film illustrates drug use and misuse in general. The others deal with narcotics, marijuana, hallucinogens, stimulants, sedatives, volatile substance, alcohol, and tobacco.

SMOKER'S LUNGS - Centron Educational Films 13 1/2 Min color

jh - sh - c - ad

Here is convincing evidence--a documented report on what cigarette smoking does to the lungs, as seen by the pathologist. In the films, Dr. D. W. Thompson, Pathologist and Cytologist, presents his well-known slide lecture on the effects of smoking.

SMOKING: A NEW FOCUS - AEF's Health Film Library 16 min color

sh - c - ad

A film aimed at smoking prevention...stop people from smoking before they start. Examines the problem from a medical and sociological viewpoint. Listens to the smoker as well as the nonsmoker: why he started, why he can't stop, and whether or not he really wants to. Host-narrated by James Brolin.

SMOKING: PETE ENNIS DOESN'T SMOKE YET - McGraw-Hill 10 min color

jh - sh

The film explores various social and emotional pressures which may influence an individual's decision on whether or not to smoke. It uses alternating scenes of a teenage discussion group and Pete with friends in an open-ended, "no sermons" manner. It also shows medical aspects of smoking.

SMOKING AND HEALTH: A REPORT TO YOUTH - Film Associates 13 min color

jh - sh - c - ad

Film asks the question, "Is smoking worth the chance?" Answer comes from viewer as he sees how body organs are affected by smoking. Evidence against smoking is overwhelming, but decision to smoke or not to smoke rests with the individual.

SO LONG PAL - Aptos Film Productions, Incorporated 22 min color

sh - ad

The film follows the events in the life of a typical 9-to-5er who is both a convivial social drinker - and a driver - a Walter Mitty-type whose heroic fantasies range from a hilarious Western shoot-out to punishment on a chain gang.

THE SOCIAL DRINKER AND THE ANTI-SOCIAL DRIVER -16 min color

sh - c - ad

Statistical analysis of many automobile accidents involving drinking drivers substantiates the concept that it is not the problem drinker that is primarily responsible for most accidents on the road, but rather the social drinker! Recommended for use with all interested groups.

SOCIAL SEMINAR SERIES: - National Institute of Mental Health

c - ad

This series is an 18-part multimedia package which is designed to approach the problems of drug abuse and drug abuse prevention within the context of total society. The underlying principle is that there are no simple solutions to complex problems. It is a comprehensive orientation upon which school systems employ their particular needs. Most effective when used as a 6 1/2-hour total film unit designed for adults.

1. BRIAN AT 17 - 30 min b&w

Can be used effectively alone or as part of social seminar. The film enters the world of a high school senior, exploring relationships with teachers, administrative personnel, friends, and family. It is a good portrayal of adolescence and the parent-adolescent relationship.

2. BUNNY - 15 min color

A college coed's environment, courses, parents, and involvement with drugs are aspects depicted in this film.

3. CHANGING - 30 min color

A young family seeks to create an alternate life-style complete with beads, beards and pot. It shows the mother and father coping with changing relationships their new life has brought about.

4. COMMUNITY IN QUEST - 30 min color

Generation gap is slowly closed in a therapeutic group while the townspeople act their fears of drugs and banish the group. The film mirrors life and the forces of change in conflict with traditional values.

5. DRUG TALK: SOME CURRENT DRUG PROGRAMS - 30 min color

This is a fine reminder of some educational "don'ts"; don't preach, frighten, or simplify.

6. DRUGS AND BEYOND - 20 min color

The positive purposes of drug use such as increased learning power, memory stimulation, etc. are posed as questions of the future to be dealt with by educators.

7. THE FAMILY - 30 min b&w

What a teacher should know and feel about his students can in part be gained through deeper understanding of how a family group functions. This assumption is the basic theme.

8. GUY - 17 min color

A story of a young Chicano and his involvement with drugs, society, and peer group. Shows various drugs and effects on him.

9. JORDAN PAUL: ONE TEACHER'S APPROACH - 30 min b&w

The film portrays the involvement of a high school health educator with his students. Concepts are fairly well presented and emphasis is placed on the points of most value to educators.

10. MR. EDLER'S CLASS: DRUG EDUCATION AT THE ELEMENTARY LEVEL 30 min color

The subject of drugs is used to build an effective learning relationship between a teacher and his class.

11. MEETING - 30 min b&w

How a community pools its available resources for a drug prevention program is the theme.

12. NEWS STORY - 30 min color

How a story makes its way to the T.V. screen, problems of research, filming, editing, and how these affect the objectivity and credibility of the final story.

13. OLDE ENGLISH - 17 min color

A film about an urban New England high school and its influence upon students, teachers, and administrators. There are three primary conflicts. Michael, student; and Mr. Johnson, principal disagree about the nature of school discipline. Student Sandra and teacher Sally Brown "square off" around the issues of respect and authority. Delphine, student, and teacher, Ron disagree on the cause and nature of a dispute between them.

14. TEDDY - 15 min color

This film depicts a young black American who refuses to use drugs and later finds positive alternatives to drug use.

15. TOM - 15 min color

A young man who has allowed hallucinogenic drugs to become his total life experience.

16. WHAT IS TEACHING? WHAT IS LEARNING? - 30 min color

A group of teachers discuss their first year's experiences in the "open" classroom with infectious enthusiasm.

SPEEDSCENE: THE PROBLEM OF AMPHETAMINE ABUSE - 20 min color

sh - c - ad

Nature, effects, and conditions surrounding abuse of amphetamines are explored in detail. The subculture and life-style of those on speed are discussed, along with the therapeutic use. Informative and accurate.

SUCH A BEAUTIFUL DAY - 15 min color

sh - c - ad

To promote a greater understanding of alcohol and highway safety among high school students and other young Americans.

THE TOP - McGraw-Hill Films 8 min color

jh - sh - c - ad

This film depicts man's struggle to reach the top. It is an excellent film for use with groups of teachers or other educators during sessions on planning and organization. It emphasizes the importance of planning and communication using animation.

THE TRIP BACK - 28 min color

jh - sh - c - ad

True story of a middle-aged, middle-class ex-drug addict. Tells her story to a group of students in New York City. A college graduate and convicted criminal, she began her down fall with marijuana.

TIME PULLS THE TRIGGER - 23 min color

jh - sh - c - ad

This film, by drawing and cartoon, shows how carbon monoxide, one of the poisons in tobacco smoke, affects red blood corpuscles and how nicotine causes smaller blood vessels to constrict. Through cartoon, the viewer sees the air passages of the body and is vividly shown, by means of little gnomes, how the inhaling of tobacco smoke irritates the cells in the walls of the air passages.

TRIGGER FILMS FOR ALCOHOL EDUCATION - University of Michigan 15 min color

el - jh - sh

These short films are designed to generate discussion about the use and abuse of alcohol. The target is youth between the ages of 6 and 18 (although several of the films are adaptable to use with adults). The purpose of these discussions is to help young people to test ideas, clarify values and move toward realistic perceptions, personal choices and more firm commitments with regard to the issue of drinking. The emphasis is on rational, rather than emotional decision-making, on responsible, rather than abusive use of alcohol.

UP PILL, DOWN PILL - Bailey-Film Associates 23 1/2 min color

jh - sh - c

This drama juxtaposes the different life-styles of Roger, a teenage dropout who uses pills to escape the boredom of his life and his dish-washing job, and Charlie, an old man who is directing his energy toward rebuilding an old boat. The story follows their gradual friendship from the time Charlie finds Roger living on his boat to the tragedy which apparently forces Roger to make some important decisions.

WEED - Concept Films, Inc. 24 min color

jh - sh - c - ad

The film covers some legal, historical, and sociological aspects of marijuana use. A variety of opinions about marijuana use and effects is expressed by users, ex-users, and some adults. The film is noteworthy in its presentation concerning marijuana myths. Its practical concern with the illegality of marijuana use and the resulting implications give it unusual relevance.

WHAT DO DRUGS DO? - National Institute of Mental Health 12 min color

el

This is a film designed to inform elementary students of the good and bad action of drugs and chemicals on the body, and the risks and dangers of drug abuse. It leads the children toward conclusions and is considered one of the few, good films for elementary children. The attempt is not to frighten but rather to cultivate good judgment.

WHAT WOULD YOU DO? SERIES - Film Distributors Int., Inc.

This series of films seeks to stimulate students to think independently about the consequences of the choices they make and to help them to develop a sense of values. Different from the usual "content" films, these are open-ended, and are made for use in grades 1-6 with an in-depth study guide included. A problem is dramatized and before a solution is given the question is asked, "What would you do?" The series is based on incidents of children's involvement in some phase of drug availability.

Reel # 1

Part 1 - BEHAVIOR - 4 min color

Grades 1 - 3

Two boys are standing in a school cafeteria line and are pushing. One boy falls and hits the tray of food of another boy.

Part 2 - DRUGS IN THE HOME - 3 min color

Grades 1 - 2

A small boy cuts his finger. He goes to the medicine chest to get a bandaid and removes a bottle of aspirin. As he is about to open it, his mother enters the room.

Part 3 - THE STRANGER - 5 min color

Grades k - 3

A small girl approaches a car in which there is seated a nice-looking man. He smiles and invites her into the car saying he will drive her home.

Reel # 2

Part 1 - PILLS - 3 min color

Grades 4 - 5

A young girl is attracted to some packages her mother has brought home. She opens some prescription medicine bottles and looks at the pills. Mother enters room.

Part 2 - TOBACCO AND ALCOHOL - 5 min color

Grades 4 - 5

A boy looks at a cigarette his father left on the ash tray, goes over, takes a puff, and a sip from a beer can.

Reel # 3

Part 1 - VOLATILE CHEMICAL - 4 min color

Grades 4 - 6

A little girl sprays a wig with hair spray and a boy spray paints a picture. They are discussing a feeling of dizziness as their father enters the room.

Part 2 - MARIJUANA - 5 min color

Grades 4 - 6

A 6th grade boy is approached by an older boy, who, noticing a police car parked nearby, quickly reaches out his hand and passes the 6th grader a marijuana cigarette.

FILMSTRIPS

1-8 A New Look at the Old Sauce - sh - ad - r

Significance of alcohol to individuals and society

173-177 Adolescent Conflicts Series - jh - sh - ca

1. Coping with Competition 20 min
2. Coping with Jealousy 20 min
3. Dealing with Anger 18 min
4. Dealing with Group Pressure 18 min
5. Seeking Independence 16 min

178-183 The Adolescent Experience Series - el - jh - sh - ca

1. Developing Values 17 min
2. Forming Beliefs 25 min
3. Interpersonal Relationships 18 min
4. Setting Goals 27min
5. Shaping Identity 18 min
6. Understanding Emotions 16 min

9-10 Alcohol: Fun or Folly - jh - sh - r

Alcohol and its dangers

13 Cigarettes and Health - jh - sh - r

Cigarettes versus alcohol

17-18 The Decision is Yours - jh - sh - r

Making decisions about alcohol

184-186 Discovering Your Personality - el - jh - ca

1. Belonging to a Group 18 min
2. Exploring Your Feelings 18 min
3. Who are You?

FILMSTRIPS contd.

69-76 The Drug Facts - jh - sh - ca

These filmstrips give factual information about drugs

1. Cocaine
2. Downers, the Barbiturates
3. Hallucinogens
4. Marijuana
5. Opium, Morphine, and Heroin
6. Tranquilizers and Other Medicines
7. Volatile Chemicals

31-38B
169-172 The Drug Information Series - jh - sh - r - ca

The five-part series deals with the various aspects of drugs and substance abuse

1. Alcohol
2. Narcotics 15 min
3. Psychedelics 12 min
4. Sedatives 14 min
5. Stimulants 11 min

47-49
204 The Drug Threat: Your Community's Response - sh - c - ad - r - ca

This two-part filmstrip shows the simulation of a community and how it dealt with the drug problem.

65-68 Drugs and Decisions: Your Life - el - jh - r

Discussion of various aspects of drug dependence

1. Bad Medicine
2. Follow the Leader
3. I Won't Get Hooked
4. Who's in Control

59-61 Drugs in Our Society - jh - sh - r

Deals with several aspects of substance abuse

1. Alcohol
2. Kicks
3. LSD
4. Narcotics
5. Tobacco

FILMSTRIPS contd.

131-142 The Effective Teacher Series - c - ad - ca

1. The Drug Problem in Perspective 16 min
2. Drugs and the Classroom 17 min
3. Curriculum Approaches to Drug Education 14 min
4. Classroom Dynamics in Drug Education 14 min

205 The Effective Teacher: Drug Education - c - ad - ca

119-120 Feelings and Thoughts - el - sh - c - ad - ca 8 min

How do you make decisions?

192-196 First Things Series - el - jh - ca

Filmstrips deal with real life problems

1. Guess Who's in a Group 13 min
2. What Do You Expect of Others? 13 min
3. What Happens Between People? 13 min
4. Who Do You Think You Are? 17 min
5. You Got Mad: Are You Glad? 13 min

125-126 Fuzzies - el - jh - sh - ad - ca 12 min

A folk story about the shortage frenzy

153-157 Getting Along Series - el - jh - ca

Filmstrip on concepts of relationships with others

1. I don't Care Anyhow
2. It's Mine
3. Smiles Don't Just Happen
4. Stick 'n' Stones
5. Will You be My Friend?

14-16 Glue Sniffing: Big Trouble in a Tube - el - jh - r

Tells about the problems of glue sniffing

FILMSTRIPS contd.

55-56 Hard to Feel You're Somebody: Dope in the City
el - r - ca 24 min

A self-concept filmstrip

57-58 High on Life - el - jh - sh - r

These two parts deal with how a person looks, feels and thinks about the things around him.

163-167 How Can I Tell? - el - ca

Filmstrips on concepts of nonverbal communications

1. All Kinds of Sound
2. Rainbows 'n' Rain Drops
3. Talking Hands
4. Twist 'n' Turn
5. What Faces Say?

148-152 How Do I Learn? - el - ca

Some concepts of learning

1. Do You Forget?
2. Figuring Things Out
3. Making Mistakes
4. What Next
5. Who's Afraid

127-129 The Ialac Story - el - jh - sh - ca 8 min

An allegory on the classical put-down

187 I Never Looked at it That Way Before - el - jh - ca 31 min

A good communication filmstrip

109-110 Let's Get Organized - el - jh - sh - c - ad - ca 8 min

Discovering your potential

FILMSTRIPS contd.

22-23 Let's Talk About Goof Balls and Pep Pills - sh - r

The dangers of uppers and downers

53A-54B LSD: The Acid World - jh - sh - r

two-part filmstrip on LSD

24-25 LSD: Trip or Trap - sh - r

Discusses the dangers of LSD

39-46 Marijuana: What Can You Believe? - jh - sh - r - ca 16 min
198

A two-part discussion of marijuana

197 Marijuana Possession: A Contemporary Case Study
jh - sh - ca 7 min

A case study depicting the problems of marijuana possession

202 Me, Myself and Drugs - jh - sh - ca

1. What are Drugs?
2. Outside Influences
3. Feeling Bad-feeling Good

158-162 Mixing In - el - ca

Concepts of children's interpersonal relationships

1. All Alone Don't Count
2. Do I Have to Win?
3. Me First
4. White Lies Don't Count
5. Who, Me?

188 Personal Commitment: Where Do You Stand? - el - jh - ca 25 min

Where does one stand after making commitments

FILMSTRIPS contd.

26-30 Rap On - el - jh - r

A discussion about aerosols

189 Reflection of Myself - el - jh - ca 20 min

A film developing self-image

117-118 Roles and Goals - jh - sh - c - ad - ca 6 min

Which comes first, the role or the goal?

11-12 Smoking or Health - jh - sh - r

Is smoking really worth the chance? It is your decision

115-116 Strike it Rich - jh - sh - c - ad - ca 8 min

What does it mean to be rich?

199 Tobacco and Alcohol: The $50,000 Habit - jh - sh - c - ad - ca 37 min

111-112 Truth and Consequences - jh - sh - c - ad - ca 8 min

This is much more than a game

190 Values for Teenagers in the 1970's - jh - sh - ca 20 min

What should your values be?

200 What are You Going to do About Alcohol? - jh - sh - ca - ad - ca 17 min

Do you really need alcohol?

201 What are You Going to do About Smoking? - jh - sh - c - ad - ca 23 min

Have you tried to stop smoking?

FILMSTRIPS contd.

143-147 Who Am I? - el - jh - ca

Dealing with the real you

1. All Kinds of Feelings
2. Do You Believe in Wishes?
3. The Joy of Being You
4. Nothing is Something to do
5. People Packages

191 Who Can Help You - el - jh - ca

A filmstrip dealing with community awareness

121-124 Why Am I Afraid to Tell You Who I Am? - el - jh - sh - c - ad - ca 27 min

Doing away with the roles and masks that hide our real selves

130 Why Drugs? el - jh - sh - ca

A discussion of why people take drugs

19-21 Why Not Marijuana - jh - sh - r

This filmstrip deals with the pros and cons about marijuana

113-114 You Have to Want Something - jh - sh - c - ad - ca 12 min

Discovering our resources and setting goals

TAPE CASSETTES ONLY

The Drug Scene - el - jh - sh - ca

Eight cassettes covering various topics

1.	Introduction	14 1/2 min
2.	Marijuana	14 3/4 min
3.	Marijuana Laws	14 3/4 min
4.	Hallucinogens	15 min
5.	Pills	13 1/2 min
6.	Alcohol	13 min
7.	Heroin	13 1/2 min
8.	Heroin and Methadone	14 3/4 min

COLOR VIDEO CASSETTES

A Health Education Program on Drug Education

Simulation - Town Council Meeting, Parts I and II by participates of Summer Workshops

Developing Values "Wanted - People Who Care", Parts I and II by Karen Clark

Drug Education Programs and Student Values, Parts I and II by Theda Dill

Psycho-Social Aspects of Drug Education, Parts I and II by Dr. Gerald Edwards

ADDITIONAL FILMSTRIPS

64	Drugs: Friend or Foe - el - jh - sh - r
75	Marijuana and Hashish - jh - sh - ca
74	Uppers, the Amphetamines - jh - sh - ca